

Name  
in  
Full

CERTIFICATE OF DEATH

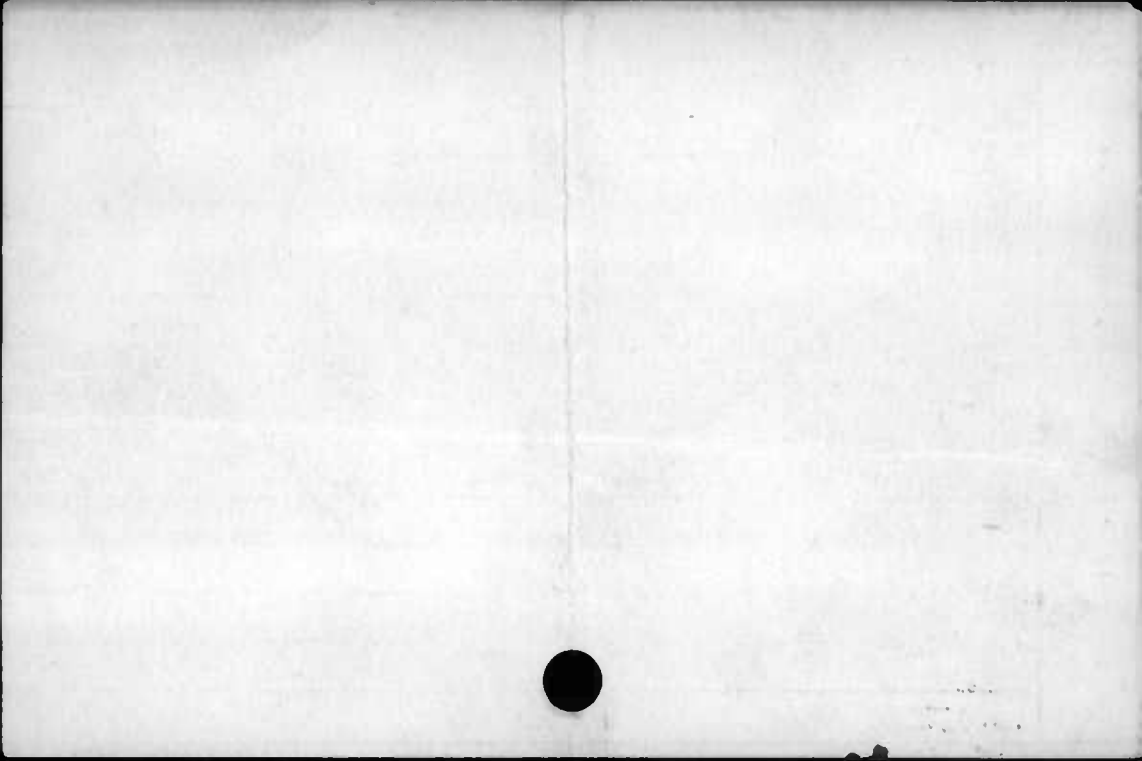
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Hoffmanville</i>		County <i>Anne Arundel</i>		STATE <i>MARYLAND</i>	
Date of death 190 <i>6</i>		Month <i>April</i>	Day <i>10th</i>	Age <i>96</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place			
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>					
Name of Wife or Husband <i>Mordocia Alban</i>							
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information <i>Mrs. Wm. A. Alban</i>		How related to deceased <i>Daughter-in-law</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Paralysis and old age</i>	How long	<i>near 1 year</i>
Immediate	<i>Paralysis and infirmities</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. B. Norris M.D.</i>	
		Address <i>Freeland Md.</i>	
Accident or Suicide			



Name in Full		Archibald Alexander				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Calonsville <sup>Town</sup>		Baltimore <sup>County</sup>		MARYLAND	
	Date of death		1906	April	6	Age	5 Months	
	Sex		Male		Color or Race		C	
	Occupation				Birth place		Calonsville	
	Where Residing if not at place of death							
	Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER	Father's Name		Orpheus Alexander			Father's Birthplace		Wash D C
	Mother's Maiden Name		Elizabeth Marshall			Mother's Birthplace		Montgomery Co
	Name of person giving information		"			How related to deceased		Mother
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Bronchitis ?			How long		Sudden
	Indications pointing to the above cause					How long		
	Are the name, age, sex, color, date and place correctly given above?		Yes			Signature of Physician		Henry B. Whiteley
						Address		Baltimore
Accident or Suicide?								

Looff Amster  
Edw Pye

Name  
in  
Full*Allers, Harmon E.*

## CERTIFICATE OF DEATH

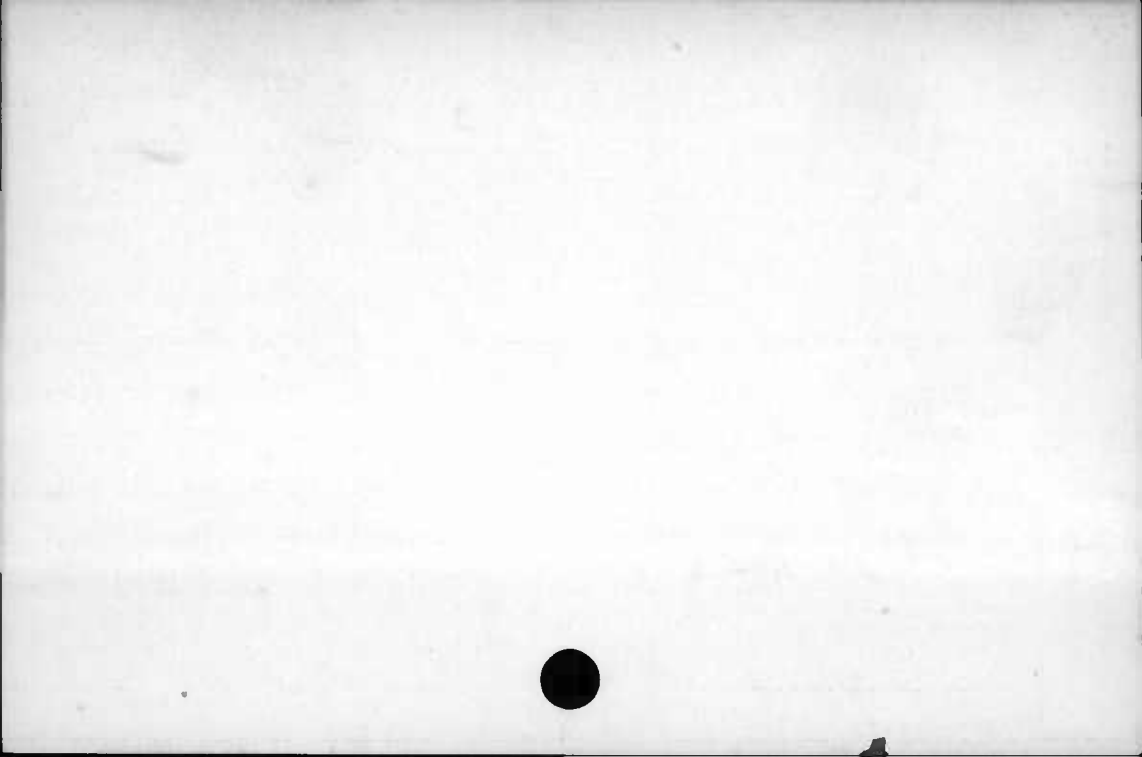
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Catonville</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND	
Date of death 190 <i>6</i>	<i>April</i> <small>Month</small>	<i>20</i> <small>Day</small>	<i>4</i> <small>Years</small>	<i>82</i> <small>Age</small>	<i>Months</i> <small>Months</small>
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>	
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile Dementia</i>	<i>154</i>	How long <i>several months</i>
Immediate <i>Exhaustion from same or Hypostatic pneumonia</i>		How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. Rushmer White M.D.</i>	
	Address <i>Catonville Md.</i>	
Accident or Suicide?		



Name  
in  
Full

Wm B. Amos.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Balto. Co. Alushouse* <sup>Town</sup> <sup>County</sup>Date of death *1906* <sup>Month</sup> *4* <sup>Day</sup> *9* <sup>Years</sup> *ago* *64* Months DaysSex *Male* Color or Race *white* Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary How long

Immediate How long

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

*Dr. Thos. C. Bussey*  
*Texas*  
*Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

To be buried on premises,



Name  
in  
Full

Eleanor Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Raspbury		County Baltimore		MARYLAND	
Date of death 1906	Month April	Day 11	Age —	Years —	Months 1	Days 14	
Sex Female	Color or Race Colored		Birth- place Raspbury				
Married, Single or Widowed —			Occupation —				
Name of Wife or Husband —							
Father's Name J. Baker				Father's Birthplace Baltimore Co			
Mother's Maiden Name Eleanor Baker				Mother's Birthplace Baltimore Co			
Name of person giving information Mrs Lannie Baker				How related to deceased Grandmother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malnutrition Bronchitis (90)	How long	2 weeks
Immediate	Eschewation	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Joseph B. Webster MD	
		Address Raspbury —	
Accident or Suicide?			

Loudero Chappel

247

Name  
in  
Full

Mary E. Bardroff

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Catonsville <sup>County</sup> Balto

Date of death 1906 <sup>Month</sup> Apr. <sup>Day</sup> 19 <sup>Years</sup> Age 67 <sup>Months</sup> <sup>Days</sup>

Sex Female <sup>Color or Race</sup> White <sup>Birth-place</sup> Germany

Occupation <sup>Where Residing if not at place of death</sup> Home 216 S. Chester St Balto.

Married, Single or Widowed <sup>Name of Wife or Husband</sup> Widow

Father's Name <sup>Father's Birthplace</sup> Frederick Tribbe Germany

Mother's Maiden Name <sup>Mother's Birthplace</sup> don't know "

Name of person giving information <sup>How related to deceased</sup> Geo. E. Bardroff son

CAUSES OF DEATH

Primary <sup>How long</sup> Heart failure 178 <sup>How long</sup> sudden

Immediate <sup>How long</sup> atherosclerosis 178

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician <sup>Address</sup> Marshall B West, Catonsville Md

Accident or Suicide?

PHYSICIAN  
OR CORONER

St Alphonsus Cemetery

April 23<sup>rd</sup> 1906

Germanus France

Danby & Wolfe Sts

Underlaker

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Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highland</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1900</i>	<i>April</i> <sup>Month</sup>	<i>25</i> <sup>Day</sup>	Age <i>70</i> <sup>Years</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>—</i>					
Father's Name <i>Thomas Bartholow</i>	Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Cornelia Harden</i>	Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Caroline Bartholow</i>	How related to deceased <i>Daughter</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bright's disease of kidney</i>	How long <i>10 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. S. Warner M.D.</i>
	Address <i>1120 Highland</i>
Accident or Suicide? <i>No</i>	

London Park

H. Sander & Sons

Name  
in  
Full

Ruth Ann E Baseman

CERTIFICATE OF DEATH

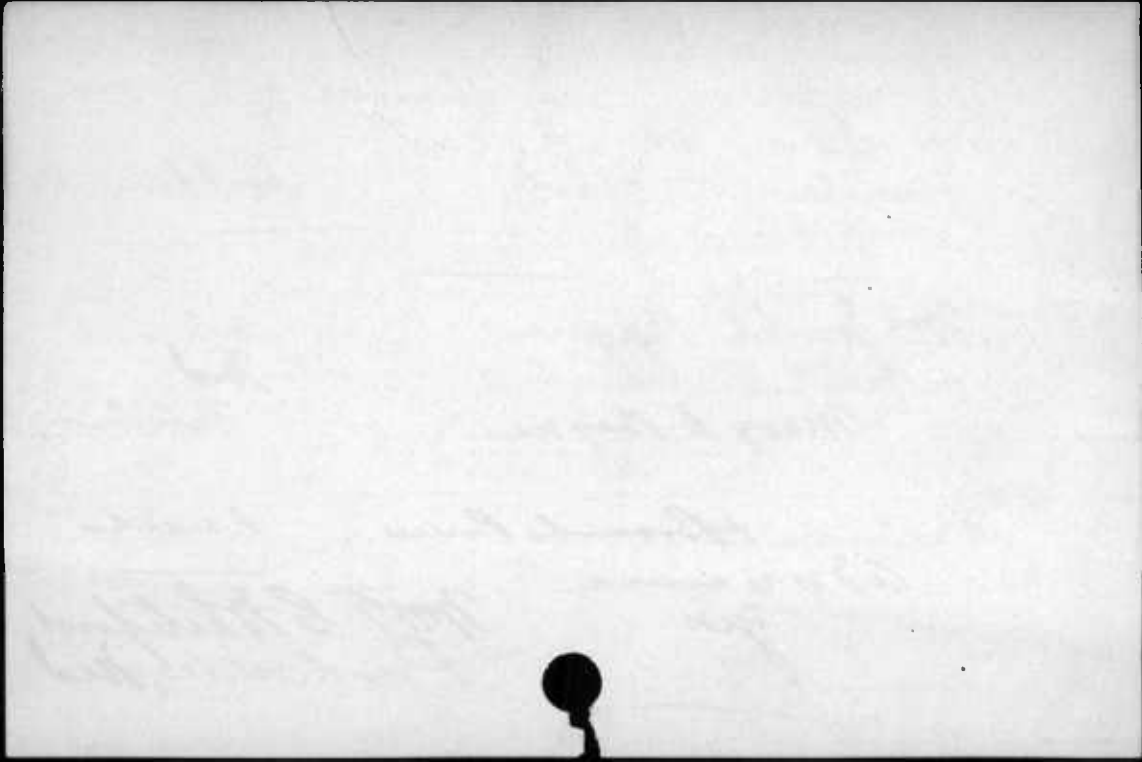
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Reisterstown</i>		County <i>Balto</i>		MARYLAND	
Date of death	1906	Month	April	Day	21
Age		68		Months	
Sex	Female		Color or Race	white	
Occupation	House wife		Birth-place	Carroll co Md	
Where Residing if not at place of death					
Married, Single or Widowed	widow		Name of Wife or Husband	Theodore W. Baseman	
Father's Name	Solomon T. Stockdale		Father's Birthplace	Carroll co Md	
Mother's Maiden Name	Dollie B. Cochran		Mother's Birthplace	Balto co Md	
Name of person giving information	Julia A Baseman		How related to deceased	Daughter	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Melancholia</i>	How long	<i>3 yrs</i>
Immediate	<i>(General Break-down)</i>	How long	<i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
billed 1906		<i>J. M. Slade</i>	
Address		<i>Reisterstown</i>	
Accident or Suicide?			





Name  
in  
Full

Edward W. Baxter

## CERTIFICATE OF DEATH

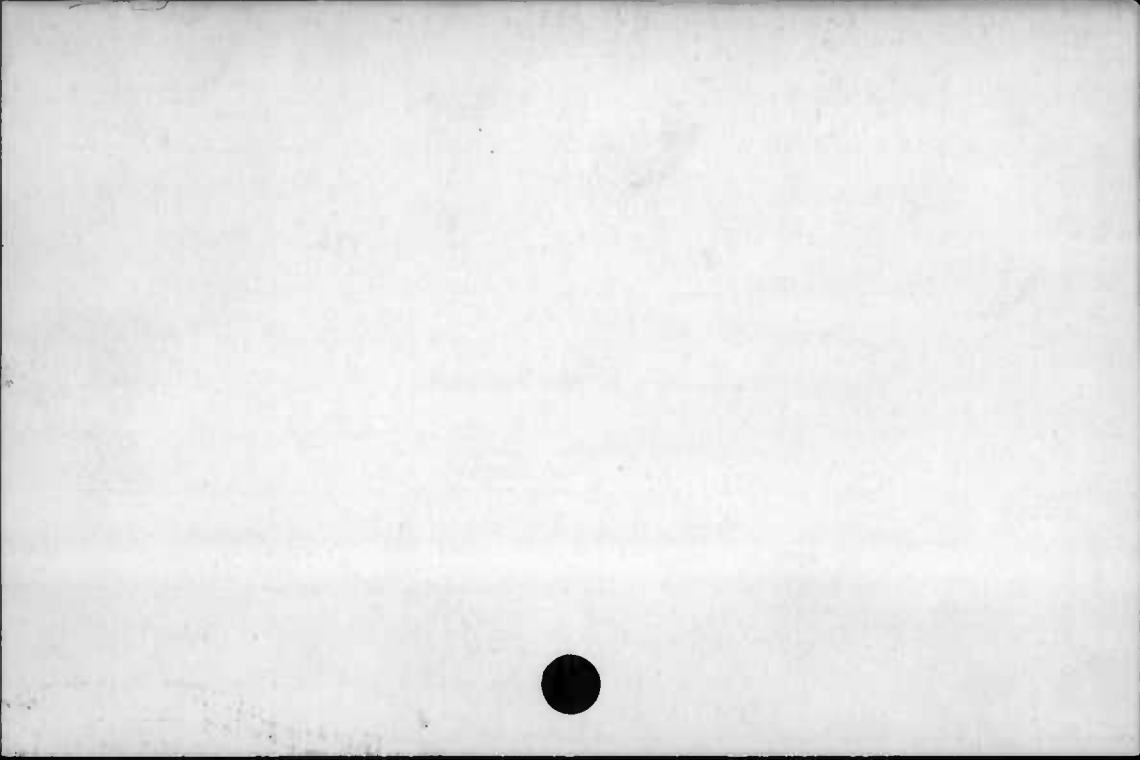
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1904		April	25 <sup>th</sup>		21	5	5
Sex		Color or Race		Birth-place			
Male		White		Delaware			
Occupation				Where Residing if not at place of death			
Muslinist							
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
James R. Baxter				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Sarah J. Wilson				Maryland			
Name of person giving information				How related to deceased			
John R. Hardy				Brother			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Rheumatism	How long	Several years
Immediate	Endocarditis	How long	14 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		F. C. Holbrook M.D.	
		Address	
		Spencer Point	
		Md.	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

Died at

Pondville

Town

Baltimore

County

MARYLAND

Date

of death 1906

Month

4

Day

14

Age

Years

1

Months

2

Days

7

Sex

Female

Color or  
Race

White

Birth-  
place

Loch Raven, Md.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Mr. Joseph Bayne

Father's  
Birthplace

Md.

Mother's  
Maiden Name

Mary A. Simms

Mother's  
Birthplace

Md.

Name of person giving  
In formation

Mary A. Bayne

How related  
to deceased

Mother

## CAUSES OF DEATH

Primary

Pneumonia + Broncho Pneum.

How long

4 weeks

Immediate

Adynamia

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Mr. T. S. Whiteford

Address

Parkville, Md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

John Burns Song  
Lovers

Providence Ill. E.  
Cemetery

Name  
in  
Full

Sarah L. Beeks

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <u>Baltimore</u>		County <u>Baltimore</u>		MARYLAND	
Date of death	1906	Month	April	Day	16th	Years	Age 70
Sex		Female		Color or Race		W	
Occupation				Birth-place		Maryland	
Where Residing if not at place of death							
Married, Single or Widowed		Widow		Name of Wife or Husband			
Father's Name		James Mrie		Father's Birthplace		Md.	
Mother's Maiden Name		Luna Laguna		Mother's Birthplace		Md.	
Name of person giving information				How related to deceased			

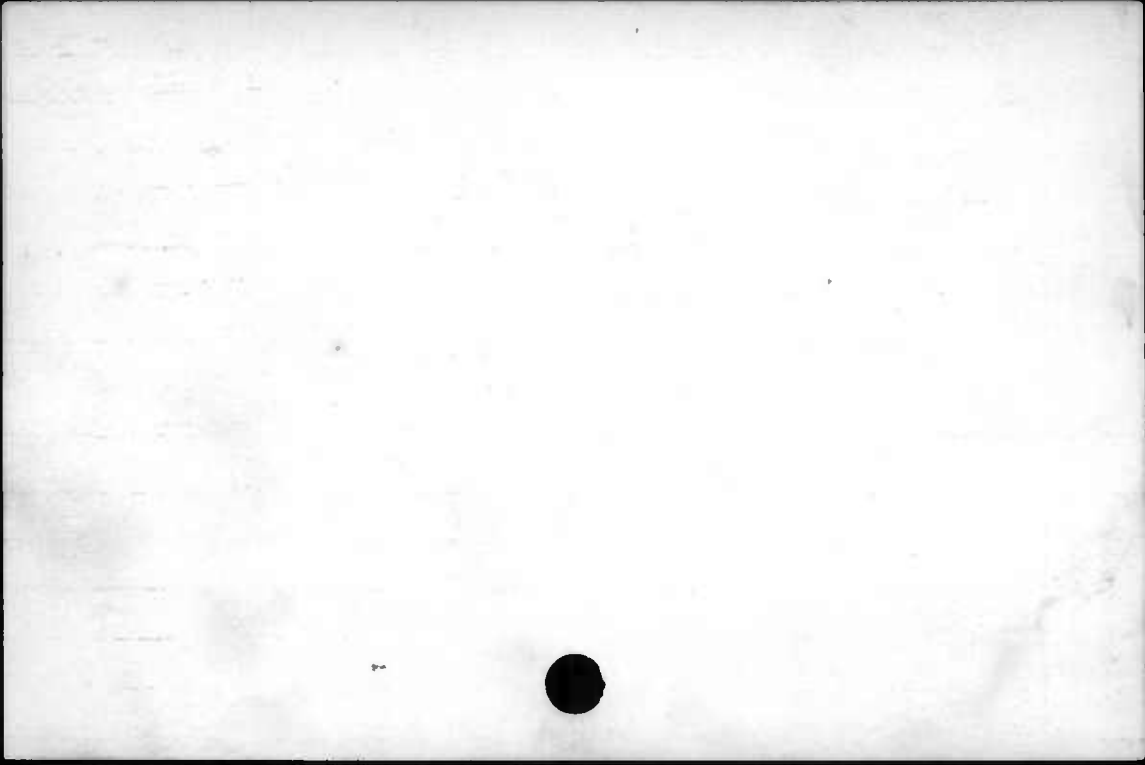
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cardiac Dilatation	How long	Several yrs.
Immediate	Syncope	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Reevey Chandler	
Address		742 W. North Ave. Baltimore, Md.	
Accident or Suicide?		X	

Graham F. Walker  
722 Lafayette Ave.  
Chattanooga - Kent Co -

Name In Full <i>Jane C. Biggs</i>		Town <i>Catonsville</i>		County <i>Baltimore</i>		CERTIFICATE OF DEATH	
Died at						MARYLAND	
Date of death		Month <i>April</i>	Day <i>16</i>	Years <i>82</i>	Months <i>X</i>	Days <i>X</i>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Maryland</i>					
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>U.S. Hospital, Inc. Catonsville Md.</i>					
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Unknown</i>						
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>					
Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>					
Name of person giving information <i>Robt. Biggs</i>		How related to deceased <i>Son</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	<i>Senility</i>			How long	<i>2 years -</i>	
	Immediate	<i>Broncho-Pneumonia</i>			How long	<i>4 days</i>	
	Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>		Signature of Physician <i>J. Percy Wade</i>		
					Address <i>Catonsville, Md.</i>		
Accident or Suicide?		<i>No.</i>					





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Mary H. Ring* Town *Lanhamville* County *Balk*  
Died at  
Date of death *1906* *Mar.* *6* Day *6* Age *76* Years Months *4* Days *17*  
Sex *female* Color or Race *white* Birth-place *Germany*  
Occupation *housework* Where Residing if not at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
information

*Miss Mary Ring*

How related  
to deceased

*Daughter*

CAUSES OF DEATH

Primary

*Lobar Pneumonia* *(93)*

How long

*2 months*

Immediate

*Exhaustion*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

*Thos. Corne*

Address

*Lanhamville*  
*md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name In Full		Sarah Ray Brook				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		Baltimore					
		Date of death	1906	Month	Apr	Day	14	Age	3
				Months	4	Days	2		
		Sex	Female	Color or Race	White	Birth-place	Baltimore, Md.		
		Occupation			Where Residing if not at place of death				
		Married, Single or Widowed			Name of Wife or Husband				
Father's Name		Francis X Brook				Father's Birthplace		Baltimore, Md.	
Mother's Maiden Name		Ada Ray Simonson				Mother's Birthplace		Baltimore, Md.	
Name of person giving information		Mrs Frank Ray				How related to deceased		Aunt	
		CAUSES OF DEATH				(78)			
PHYSICIAN OR CORONER		Primary		Tubercular Meningitis		How long		About 2 weeks	
		Immediate		Coma		How long			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Harold W. Maximus			
				Address		Baltimore, Md.			
		Accident or Suicide?							

Joseph B. Cook.  
Loraine Cemetery.

Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Philopoli</i>		County <i>Baltimore</i>			
		Town		State <i>MARYLAND</i>			
		Date of death <i>1906</i>	Month <i>April</i>	Day <i>27</i>	Age <i>1</i>	Years <i>9</i>	Months <i>11</i>
		Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Philopoli</i>		
		Occupation		Where Residing if not at place of death			
		Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Wm C. Brooks</i>		Father's Birthplace <i>Balto. Co.,</i>					
Mother's Maiden Name <i>Nania C. Ingers</i>		Mother's Birthplace <i>Balto. Co.,</i>					
Name of person giving information <i>Father</i>		How related to deceased					
CAUSES OF DEATH							
Primary <i>Acute Gastritis</i>		How long <i>7 days</i>					
Immediate <i>Convulsions</i>		How long <i>6 hours</i>					
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. M. Sherman M.D.</i>					
		Address <i>Glenview, Ind.</i>					
Accident or Suicide?							

Please return permits  
Interment at Jesse  
Cemetery April 29

W. C. Brooks

Name  
in  
Full

## CERTIFICATE OF DEATH

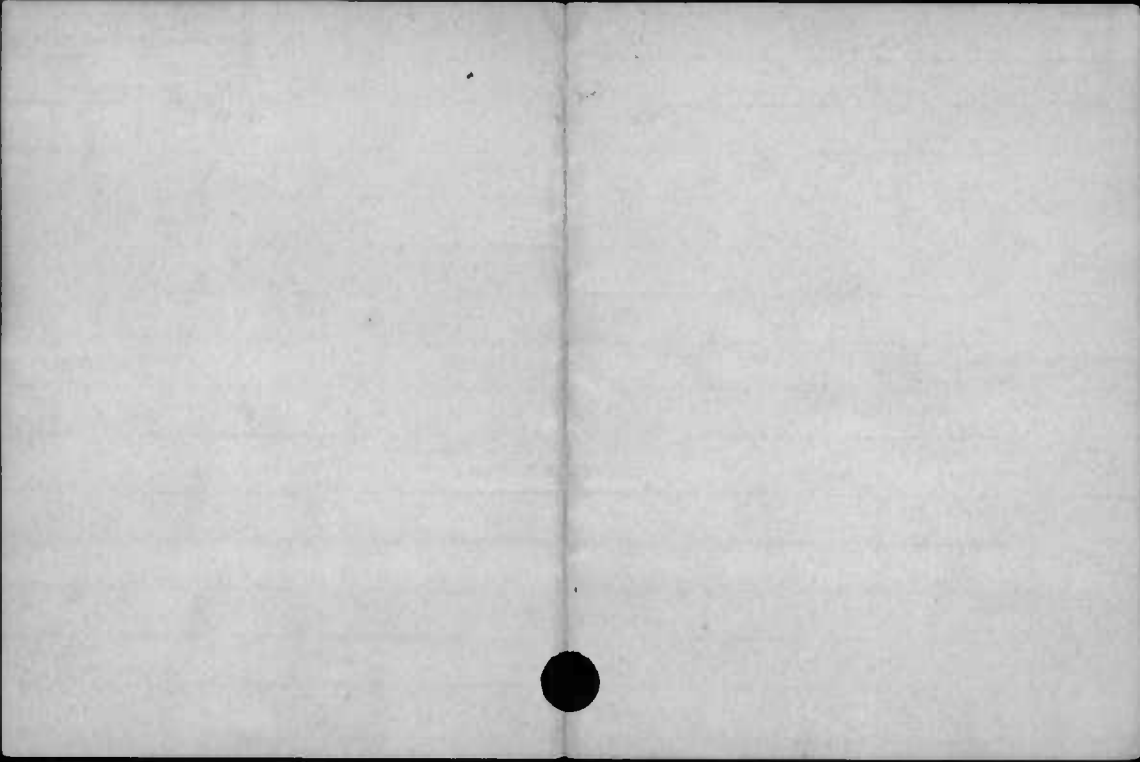
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Butter</i> <sup>Town</sup>			<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	1906	Month <i>April</i>	Day <i>1</i>	Age <i>60.</i>	Years <i>3</i>	Months <i>18</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Middle town Md</i>			
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Butter Md</i>			
Married, <del>Single</del> <i>Married</i> or Widowed			Name of Wife or Husband <i>Anna Rebecca Brown</i>			
Father's Name <i>Christopher Brown</i>			Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Mary Ann Bosley</i>			Mother's Birthplace <i>Middle town Md</i>			
Name of person giving information <i>Anna Rebecca Brown</i>			How related to deceased <i>Wife</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Injury of face &amp; head</i>	How long <i>Four years</i>
Immediate <i>meningitis</i>	How long <i>Six months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. Orack Md</i>
<i>caused by an explosion</i>	Address <i>Butter Md</i>
Accident or Suicide?	





TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

# CERTIFICATE OF DEATH

## MARYLAND

County  
Baltimore

Age 57 Yca

Months

Days

Color or Race

Birth-  
place

Bulto. Incl.

Where Residing if not  
at place of death

Name of Wife or  
Husband

Jas. A. Brown.

Daniel Mathney

Father's Birthplace

not known

not known.

Mother's Birthplace

not known

Gas. a Pryor

How related  
to deceased

less in law.

### CAUSES OF DEATH

Cancer of Cervix Uteri

How long

one year +

maenia.

How long

24 hours.

yes

Signature of Physician

Ho @ Hoess Ind

Address

Address Sta. H. Evans, Ind.

### Accident or Suicide?

Balto Cemetery  
Wm Cook

572 E. North  
Ave

Name  
in  
Full

Margaret Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i>	<i>April</i> <sup>Month</sup>	<i>17</i> <sup>Day</sup>	<i>—</i> <sup>Years</sup>	<i>2</i> <sup>Months</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto. Md.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>_____</i>		
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband <i>_____</i>			
Father's Name	<i>Louis Adel</i>			Father's Birthplace	<i>Balto. Md.</i>
Mother's Maiden Name	<i>Emma Brown</i>			Mother's Birthplace	<i>" "</i>
Name of person giving information	<i>Emma Brown</i>			How related to deceased	<i>Mother</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>17 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. S. Warner</i>
		Address	<i>1120 Highland av.</i>
Accident or Suicide?	<i>no</i>		

Sacred Heart Cemetery

April 19<sup>th</sup> 1906

Germanus France

Undertaker

Name  
in  
Full

Mary A. Caples

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Apr	27	39			
Sex	Female.	Colour or Race	White		Birth-place	Balto Co	
Occupation	House Wife			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband		F. W. Caples			
Father's Name	J. R. Parkes.				Father's Birthplace	Balto Co	
Mother's Maiden Name	Sadie B Brown				Mother's Birthplace		
Name of person giving information	F. W. Caples.				How related to deceased	Husband	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	La. Grippe	How long	12 days
Immediate	Lobar Pneumonia	How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr J E Benson
		Address	Backysville Md
Accident or Suicide?			

Funeral at Jelson  
Monday April 30

W. C. Brooks

Name  
in  
Full

Maggie J Carbocke

## CERTIFICATE OF DEATH

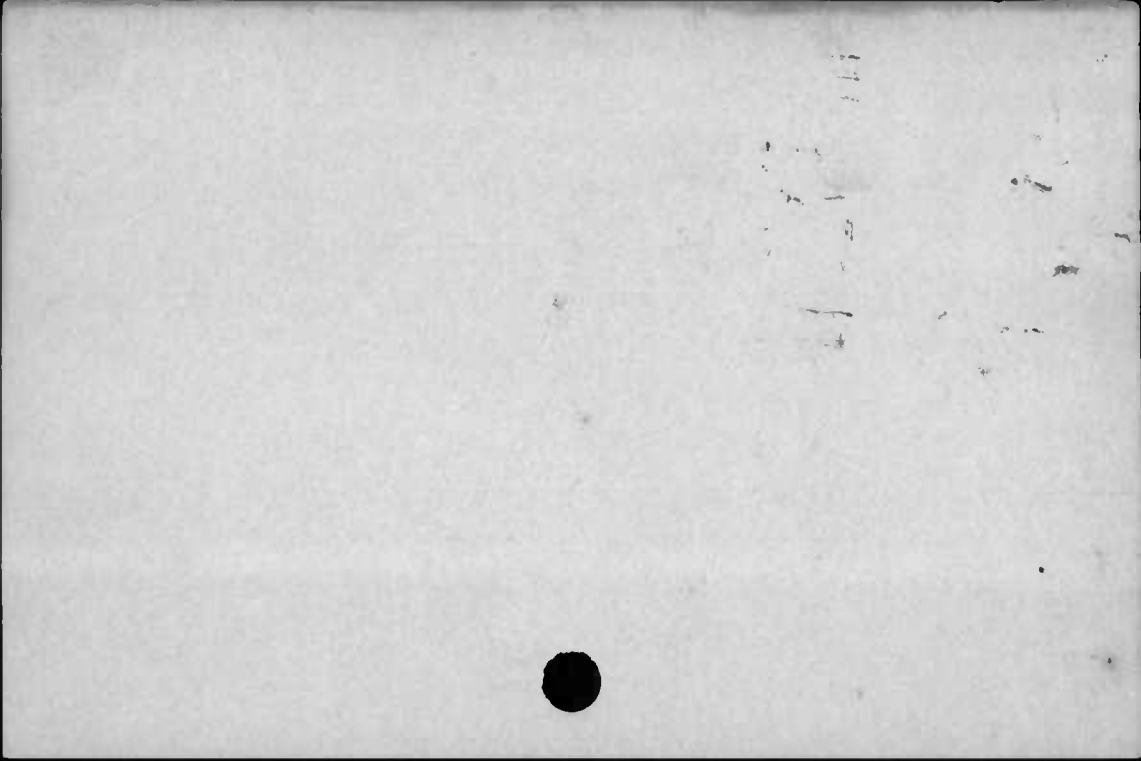
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		Apr	4	4	—	4	28
Sex	Female		Color or Race	white		Birth-place	md
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			H. G. Carbocke			Father's Birthplace	md
Mother's Maiden Name			Annie L. York			Mother's Birthplace	md
Name of person giving information			H G Carbocke			How related to deceased	Sister

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Infantile Convulsion		How long	few hours
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Harrison	
		Address	Middle River	
Accident or Suicide?		md		





Name In Full

Certificate of Death

Mary Ellen Case

Town

County

Died at

Dorsey

Baltimore County

MARYLAND

Date 1906 April 14<sup>th</sup> Y. M. D. Age 9. 9. 25 Native of Baltimore Occupation  
 Male White Married Widow Divorced  
 Female Colored Single Widower Number of children living

 Husband  
 of  
 Wife

 Father's  
 Name

James Case

 Mother's  
 Name

Mary C. Cary

Cause of

Primary

Bright's disease &amp; albumin

How long sick

5 weeks

Death

Immediate

Exhaustion

 Accident, Suicide, Homicide  
 119

Reported by

Thos B. Orrin &amp;

Address

Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full		Louis E. Chilcoat				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Belfast		County Balto.		
		Date of death		1906	Month 4	Day 8	Age Years 46	Months Days
		Sex		Male		Color or Race White		Birth-place Ind
		Occupation		Farmer		Where Residing if not at place of death Belfast.		
		Married, Single or Widowed		Married		Name of Wife or Husband Bettie Wheeler		
		Father's Name		Elijah Chilcoat.		Father's Birthplace Ind		
		Mother's Maiden Name		Elizabeth Sheridan		Mother's Birthplace Ind.		
Name of person giving information		Bettie Wheeler (wife)				How related to deceased wife		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary		Chronic Endocarditis		How long 2 months		
		Immediate		Apnoea		How long		
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Wilmer C. Ensor M.D.		
						Address Cockeysville Ind.		
Accident or Suicide?								

Interment at Bosly  
Cemetery Tuesday April 10<sup>th</sup>

W. C. Brooks

Name

in  
FullFrederick Christian  
Highlandtown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Baltimore

MARYLAND

Date

of death 1906

Month

4

Day

5

Age

Years

52

Months

10

Days

15

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Laborer

Where Residing if not  
at place of death

#1417

3rd St.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Sophia Christian

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
information

Sophia Christian

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Exhaustion

How long

48 hours

Immediate

Acute Phthisis

How long

1 month

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Geo. L. Quaker

3 and 50th

Highlandtown

Accident or Suicide?

No

PHYSICIAN  
OR CORONER

Mt. Carmel Cemetery

J. Herwig & Son.

4/9/06

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fullerton</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	<i>1906</i> Month <i>Apr</i> Day <i>11</i>	Age	<i>29</i> Years	<i>8</i> Months	<i>—</i> Days
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Farmer</i>		Where Residing if not at place of death <i>Fullerton Ind</i>		
<del>Single</del> or <del>Widowed</del>	Name of Wife or Husband <i>—</i>				
Father's Name	<i>Wm Class</i>			Father's Birthplace	<i>Europe</i>
Mother's Maiden Name	<i>Mary Ginner</i>			Mother's Birthplace	<i>"</i>
Name of person giving information	<i>Fredrick Cassahn</i>			How related to deceased	<i>Uncle</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Spinal Sclerosis</i> (63)	How long	<i>6 yrs</i>
Immediate	<i>Capillary Bronchitis</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Geary A. Long M.D.</i>
		Address	<i>Hamilton, Ind.</i>
Accident or Suicide?	<i>No</i>		

St Johns



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>James William Compton</i>		Town <i>Howard Park</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Howard Park</i>		Date of death <i>1906</i>		Month <i>4</i>		Day <i>12</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Age <i>9 days</i>		Birthplace <i>Howard Park</i>	
Occupation _____		Where Residing if not at place of death _____					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>J. W. Compton S. Compton</i>					
Father's Name <i>James William Compton</i>		Father's Birthplace <i>Baltimore</i>					
Mother's Maiden Name <i>Sophia Glass</i>		Mother's Birthplace <i>Baltimore</i>					
Name of person giving information <i>Mrs Kate Compton</i>		How related to deceased <i>Parents</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile Paralysis</i>		How long <i>9 days</i>	
Immediate <i>Convulsion</i>		How long <i>same</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>A. C. Smith</i>	
Address <i>Woodlawn St</i>		Accident or Suicide? _____	

John I. Fields - 1200 W. Lombard St  
Lorane Cemetery May 13<sup>th</sup> 1906

Name in Full		Harry Emanuel Cook				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Catonsville		Balto.		MARYLAND
	Date of death		1906	Month	Apr	Day	29
			Age		Years	22	Months
					Days	7	
	Sex		Male		Color or Race		White
	Occupation		Drifter		Birthplace		Balto. Md.
					Where Residing if not at place of death		-
Married, Single or Widowed		Single		Name of Wife or Husband		-	
Father's Name		J. F. Cook		Father's Birthplace		-	
Mother's Maiden Name		Laura Ector		Mother's Birthplace		-	
Name of person giving information		David G. Smith		How related to deceased		Uncle	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pulmonary Consumption		How long		About 2 yrs
	Immediate		General Asthma		How long		-
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		D. M. Stultz, M.D.		
			Address		Catonsville Md.		
Accident or Suicide?							

Josh B Cook  
London Park.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		April	1	Age	7		
Sex	Male	Color or Race	White		Birth-place	Balt Co.	
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Henry Cook				Father's Birthplace	Virginia	
Mother's Maiden Name	Carrie Richards				Mother's Birthplace	Baltimore	
Name of person giving information	Carrie Cook				How related to deceased	Mother	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Acute meningitis	How long	12 hours
Immediate	Exhaustion	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Jas. L. Maples	
Address		3rd and North Highland	
Accident or Suicide?		No	

1st Evangelical Sem.  
H. Sander Lons

Name  
in  
Full

Emmanuel X Coronados

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hosp.</i>		Town <i>St. Agnes</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>		Month <i>4</i>	Day <i>2</i>	Age <i>45</i>	Years	Months	Days
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Greece</i>			
Occupation <i>Labourer</i>				Where Residing If not at place of death			
<input checked="" type="checkbox"/> Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank Worsey M.D.</i>
<i>Yes</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide?	





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

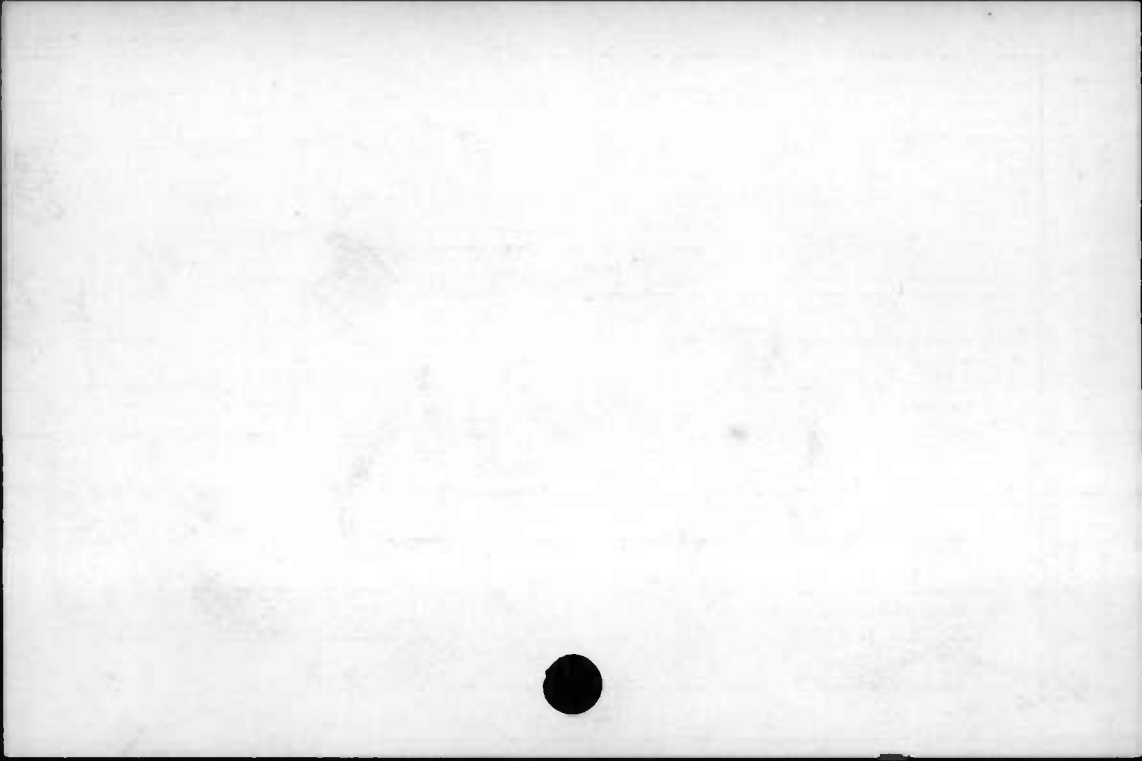
Name *Vergie May Cummell* Town *Sunnybrook* County *Baltimore*  
Died at  
Date of death *1906* Month *4* Day *2* Age *2* Years *2* Months *10* Days  
Sex *Female* Color or Race *Colored* Birthplace *Sunnybrook*  
Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name *John C. Cummell* Father's Birthplace *Pa*  
Mother's Maiden Name *Esther R. Buckley* Mother's Birthplace \_\_\_\_\_  
Name of person giving information *John C. Cummell* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Whooping Cough* How long *3 weeks*  
Immediate *Pneumonia* How long *5 days*  
Are the name, age, sex, color, date and place correctly given above? ☒  
Signature of Physician *J. T. Bay Jr*  
Address *Sunnybrook*  
Accident or Suicide? ☐



Name  
in  
Full

Terence Cusack

## CERTIFICATE OF DEATH

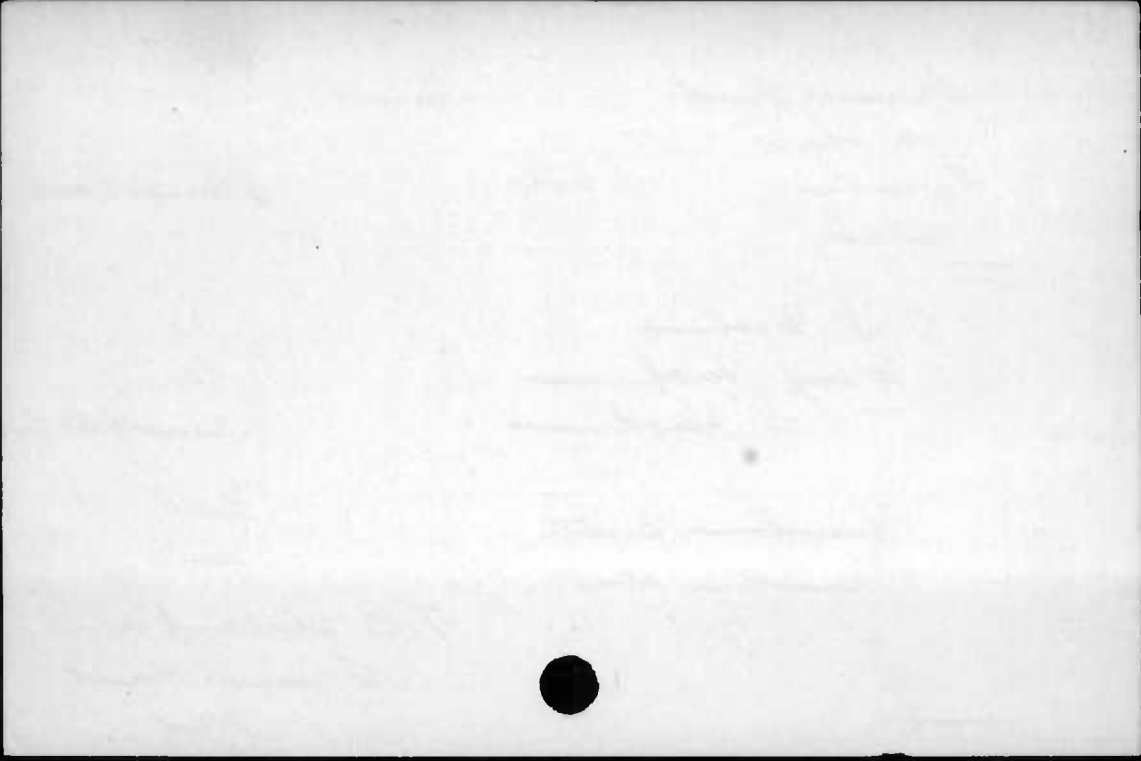
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>McHope Retreat</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	Month <i>April</i>	Day <i>16</i>	Years <i>37 or 38</i>	Months <i>unknown</i>	Days <i>unknown</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>		
Occupation <i>Subv.</i>			Where Residing if not at place of death <i>1002 7<sup>th</sup> Street Pl. Baltimore</i>		
Married, Single <del>or Widowed</del>		Name of Wife or Husband <i>unknown</i>			
Father's Name <i>unknown</i>			Father's Birthplace		
Mother's Maiden Name <i>II</i>			Mother's Birthplace		
Name of person giving information <i>Recd. McHope Retreat</i>			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Aplancholia</i>	How long <i>abt 5 or 6 yrs -</i>
Immediate <i>Cerebral Hemorrhage</i>	How long <i>abt 48 hrs -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>McHope Retreat</i>
	<i>Baltimore Co Md -</i>
Accident or Suicide? <i>_____</i>	



Name  
in  
Full

Infant Jacob + Cora Davis

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Scotts Level</i>		Town <i>Baltimore</i>		County		MARYLAND		
Date of death <i>1905</i>	Month <i>4</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>6</i>		
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Belt. Co.</i>					
Occupation <i>—</i>			Where Residing if not at place of death <i>Scotts Level</i>					
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>					
Father's Name <i>Jacob Davis</i>			Father's Birthplace <i>Belt. Co.</i>					
Mother's Maiden Name <i>Cora Boyer</i>			Mother's Birthplace <i>“</i>					
Name of person giving information <i>Jacob Davis</i>			How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Acute indigestion</i>	How long	<i>—</i>
Immediate	<i>Convulsion (seizure)</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Yon. Brown</i>
<i>Yes</i>		Address	<i>Proctorville Ind</i>
Accident or Suicide?			

Buy at  
Union Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

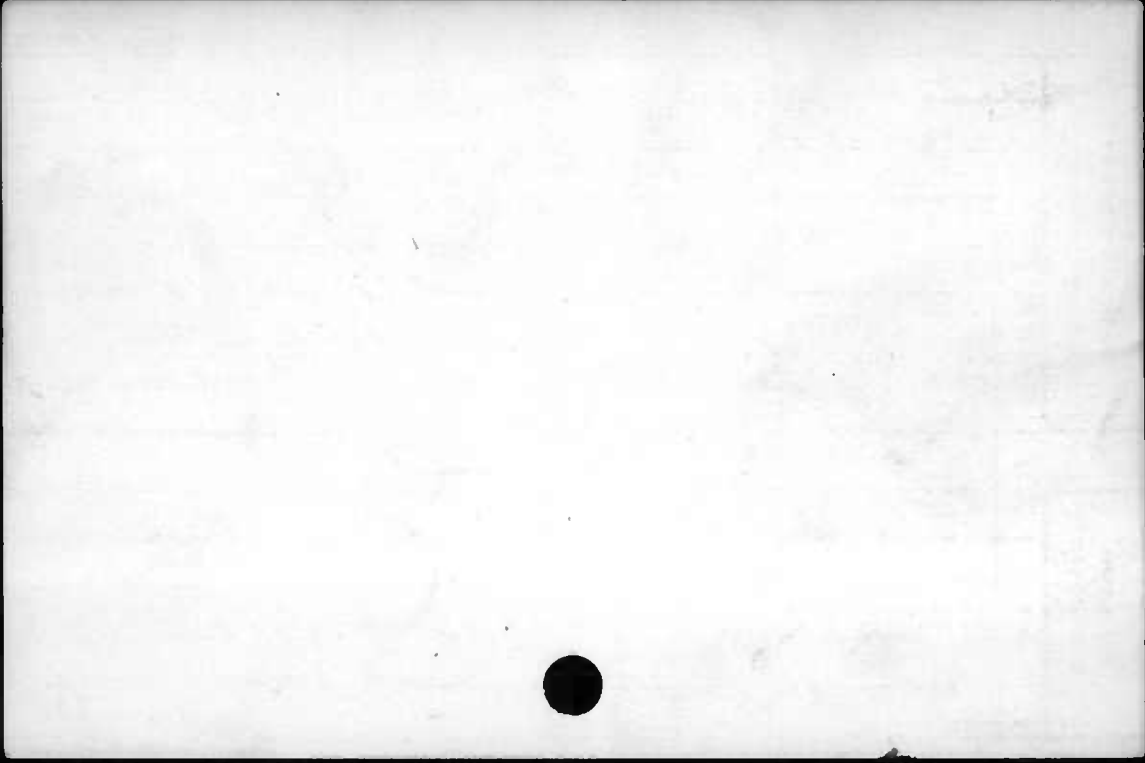
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shummers Point</i> Town		<i>Dickens</i> County		MARYLAND	
Date of death	1904	Month	April	Day	21
Sex		Female		Color or Race	White
Occupation		none		Birth-place	Shummers Point
Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		C. B. Dickens		Father's Birthplace	Pa
Mother's Maiden Name		Mary Hickman		Mother's Birthplace	Pa
Name of person giving information		C. Hickman		How related to deceased	Grandfather

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	—
Immediate	<i>Pneumonia</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<i>F. C. Glendon M.D.</i>
		Address	<i>Shummers Point</i>
Accident or Suicide?			<i>Mad</i>





Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Town		County	
17		Prinersville		Balt.	
Date of death	1906	Month	Apr.	Day	26
Age		32		Months	10
Sex		male		Color or Race	colored
Occupation		Labourer		Birth-place	a. a. es.
Where Residing if not at place of death		—			
Married, Single or Widowed		married		Name of Wife or Husband	Sarah Dickson
Father's Name		—		Father's Birthplace	—
Mother's Maiden Name		—		Mother's Birthplace	—
Name of person giving information		Sarah Dickson		How related to deceased	wife

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Tuberculosis of lungs.	How long	1 year
Immediate	Hemorrhage	How long	8 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
—		Prohlauer	
—		Address	
—		not written	
Accident or Suicide?		md.	

Hooper  
N. Fairbairn

H. F. Ambrose

Name  
in  
Full

Justin Dietrick

## CERTIFICATE OF DEATH

Died at Canton Town

County

Bald

MARYLAND

Date

of death 1906 April

Month

Day

5

Years

Age 40

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Baker

Where Residing if not  
at place of death

230 Dillon St.

Married, Single  
or Widowed

Widowed

Name of Wife or  
Husband

—

Father's  
Name

Martin Dietrick

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Helen

Mother's  
Birthplace

Germany

Name of person giving  
In formation

Wm Steinbach

How related  
to deceased

Uncle

## CAUSES OF DEATH

Primary

Suicide

How long

—

Immediate

Strangled with knife

How long


—

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

  
 Dr. J. M. Muelly  
 501 N. Clinton St.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



in  
Full

Emanuel Dritz

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <input checked="" type="checkbox"/> <sup>Town</sup> 219 Mt Pleasant. The <sup>County</sup> Baltimore <input checked="" type="checkbox"/>			
Date of death 1906	Month <input checked="" type="checkbox"/> April	Day <input checked="" type="checkbox"/> 20	Age <input checked="" type="checkbox"/> 46
Sex Male	Color or Race White	Months 7	Days 12
Occupation Night Watchman	Where Residing if not at place of death 219 Mt Pleasant Ave		
Married, Single or Widowed Widower	Name of Wife or Husband Ida Dritz		
Father's Name Geo W. Dritz	Father's Birthplace Germany		
Mother's Maiden Name Annie E. Kerr	Mother's Birthplace Germany		
Name of person giving information Eliz Walters	How related to deceased Sister		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Phthisis Pulmonalis	How long	2 years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Emanuel Dritz
yes <input checked="" type="checkbox"/>		Address	208 Maryland St
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Ann. Elizabeth Driscoll</i>		Town <i>HIGHLAND</i>		County <i>BALTO</i>		MARYLAND	
Died at <i>HIGHLAND</i>		Date of death <i>1906</i>		Month <i>4</i>		Day <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>77</i>		Years <i>77</i>	
Occupation <i>Retired</i>		Birth- place <i>Ind.</i>		Months <i>—</i>		Days <i>—</i>	
Where Residing if not at place of death <i>—</i>				Name of Wife or Husband <i>Stephen Simmons</i>			
Father's Name <i>Stephen Simmons</i>				Father's Birthplace <i>Ind.</i>			
Mother's Maiden Name <i>Catherine Sheppard</i>				Mother's Birthplace <i>England</i>			
Name of person giving In formation <i>Mrs. Reynolds</i>				How related to deceased <i>Daughter</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Cerebrovascular</i>	How long <i>48 hours</i>
Immediate <i>Paralysis</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. E. Schofield</i>
	Address <i>HIGHLAND</i>
Accident or Suicide? <i>—</i>	

H. S. Jordan and Son

777 Carmel Ave



Name  
in  
Full

Mrs Sarah Dondhere

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1906		Apr-	6th	Age 32	unknown	unknown	
Sex	Female		Color or Race	White		Birth-place	Balto. Md-
Occupation	none -		Where Residing if not at place of death		Baltimore Md-		
Married, <del>Single</del> or <del>Widowed</del>	Married		Name of Wife or Husband		unknown		
Father's Name	unknown				Father's Birthplace	unknown	
Mother's Maiden Name	ll				Mother's Birthplace	ll	
Name of person giving information	Rec'd, Mt Hope Retreat				How related to deceased	not at all -	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Spinal Myelitis (63)		How long	3 1/2 mos -
Immediate	Exhaustion -		How long	24 hrs -
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Frank J. Flannery	
			Address	
			Mt Hope Retreat	
			Baltimore Md -	
Accident or Suicide?				



Name  
in  
Full

## CERTIFICATE OF DEATH

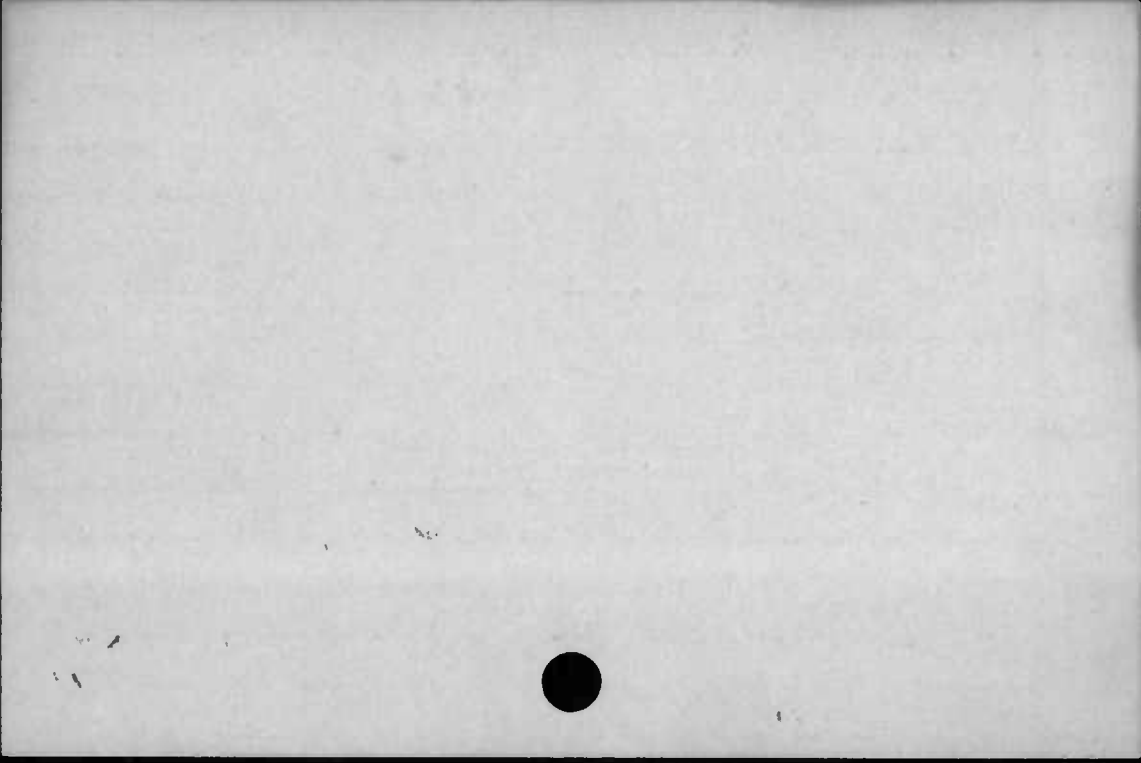
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Henry Dwyer</i>		Town <i>Chesapeake</i>		County <i>Baltimore</i>		State <b>MARYLAND</b>	
Died at		Date of death		Age		Months Days	
Month <i>April</i>		Day <i>8</i>		Years <i>36</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>			
Occupation <i>Laboree</i>		Where Residing if not at place of death —					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Annie Lemmy</i>					
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>120</i>	How long
Immediate	<i>Thaemia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>B. G. W. W. W.</i>
		Address <i>Roxville Ind</i>
Accident or Suicide?		



Name  
in  
Full

William B Dunlap

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <b>3421 E Balto St</b>		County <b>Balto</b>	
Date of death <b>1906 April 9</b>	Age <b>31</b>	Months	Days
Sex <b>Male</b>	Color or Race <b>White</b>	Birth-place <b>Balto Ind</b>	
Occupation <b>Clerk</b>	Where Residing if not at place of death <b>3421 E Balto St</b>		
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Kate Dunlap</b>		
Father's Name	Father's Birth-place		
Mother's Maiden Name	Mother's Birth-place		
Name of person giving Information <b>Mrs Kate Dunlap</b>	How related to deceased <b>Wife</b>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Exhaustion</b>	How long <b>12 hours</b>
Immediate <b>Apoplexy</b>	How long <b>12 hours</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>J. C. L. Maxwell</b>
Address <b>3 And South Highland Ave. Ma</b>	
Accident or Suicide? <b>No</b>	

H. E. Hughes

Mr. Carmel Conn

Durham

Town

County

Died at

Knoebel

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1906 - Apr. 7

Age

0-0-0

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Jas. G. Durham

Mother's

Name

Cora A. Durham

Cause of

Primary

Stillborn

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Thos. H. Emory M.D.

Address

Monteton, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name in Full <i>Caroline Louise Eger</i>		CERTIFICATE OF DEATH			
Died at <i>Pawon</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1906	Month	4	Day	27
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	—		Birthplace	<i>Pawon</i>	
Where Residing if not at place of death			<i>at home</i>		
Married, Single or Widowed	<i>X</i>		Name of Wife or Husband	<i>X</i>	
Father's Name	<i>Wm H. Eger</i>			Father's Birthplace	<i>Germany</i>
Mother's Maiden Name	<i>Mary Koller</i>			Mother's Birthplace	<i>Baltimore</i>
Name of person giving information	<i>Mother</i>			How related to deceased	<i>Mother</i>
CAUSES OF DEATH					
Primary	<i>acute Lobar Pneumonia</i>			How long	<i>11 days</i>
Immediate	<i>Toxaemia</i>			How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?			<i>Yes</i>		
Signature of Physician			<i>W. R. G. Maschburg</i>		
Address			<i>Pawon</i>		
Accident or Suicide?			<i>X</i>		

John Burns Oms  
Prospect Hill  
Durron

Name  
in  
Full

Annie E. Gacy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1904		4	11	63			
Sex		Color or Race		Birth-place			
Female		White					
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

was brought to Dr.

Primary	Chronic heart disease	How long	stultation about a
Immediate	Odema of Lungs	How long ago	in a
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		Thos. O. Bussey	
Address		Texas	
Accident or Suicide?		M.D.	

PHYSICIAN  
OR CORONER

To be limited on  
premises.

Name  
in  
Full

William E. Feehley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u> <sup>Month</sup> <u>April</u> <sup>Day</sup> <u>10</u>		Age <u>      </u> <sup>Years</sup> <u>9</u> <sup>Months</sup> <u>      </u> <sup>Days</sup> <u>      </u>			
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Md.</u>	
Occupation <u>None</u>		Where Residing if not at place of death <u>      </u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u>      </u>			
Father's Name <u>William Feehley</u>		Father's Birthplace <u>Md.</u>			
Mother's Maiden Name <u>Rosa King</u>		Mother's Birthplace <u>Md.</u>			
Name of person giving information <u>William E. Feehley</u>		How related to deceased <u>Grandfather</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Laryngeal Diphtheria</u> <u>9</u>	How long	<u>17 days</u>
Immediate	<u>Cardiac syncope</u>	How long	<u>Immediate</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>David W. Jones</u>	
		Address <u>3116 O'Donnell St.</u>	
Accident or Suicide? <u>      </u>			

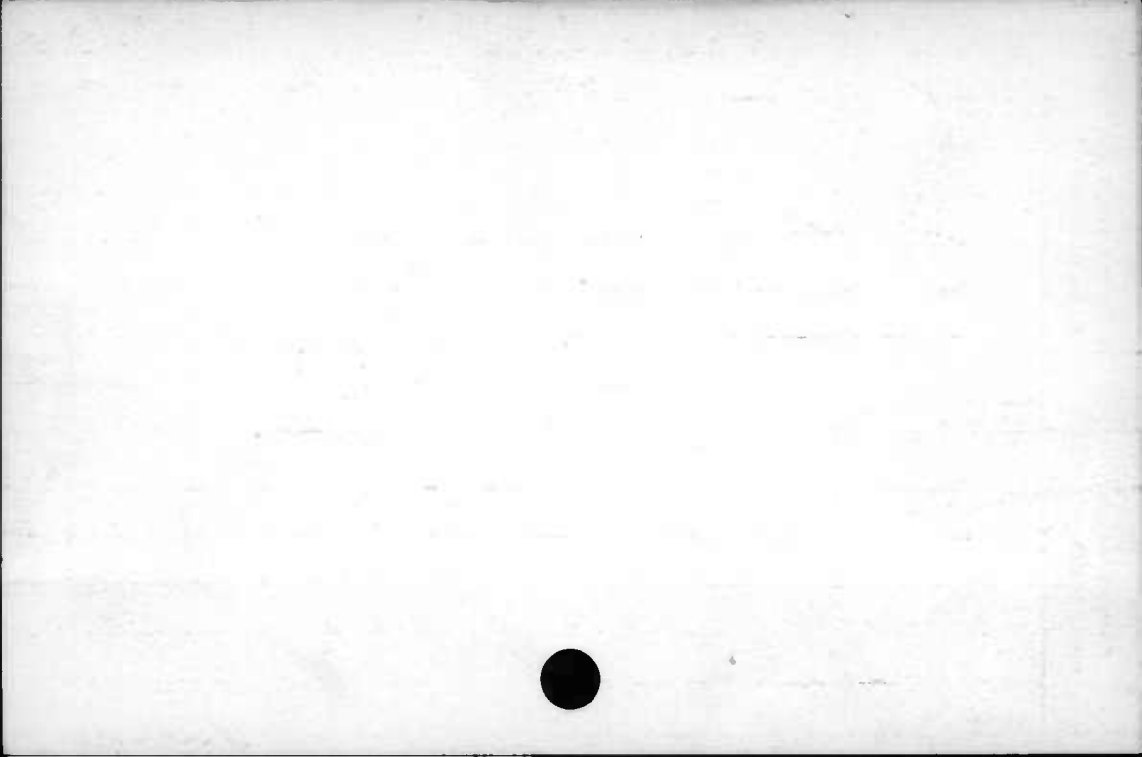
St. Patrick's Cemetery

April 14<sup>th</sup> 1906

Germanus Thamer

Underscore

Name in Full <b>Elisha Ferrell</b>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>302 Toone St. Canton</b> <sup>Town</sup>		<b>Baltimore</b> <sup>County</sup>
	Date of death <b>1906 April 22<sup>nd</sup></b>		Age <b>84</b>
	Sex <b>Male</b>		Color or Race <b>White</b>
	Occupation <b>Moulder</b>		Birth-place <b>Balto, Co</b>
	Where Residing if not at place of death		
	Married, Single or Widowed <input checked="" type="checkbox"/> Married		Name of Wife or Husband <b>Julia Ferrell</b>
	Father's Name <b>James H. Ferrell</b>		Father's Birthplace
Mother's Maiden Name <b>Charity Lacock</b>		Mother's Birthplace <b>Harford Co, Md</b>	
Name of person giving information <b>Albert Ferrell</b>		How related to deceased <b>Son</b>	
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <b>Chronic Endocarditis</b>		How long <b>History of one year</b>
	Immediate <b>Cerebral Embolism</b>		How long <b>18 days</b>
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>H. F. Peckard M.D.</b>
	Address <b>910 S. Canton St. Balto, Md</b>		
Accident or Suicide? <b>No</b>			





Name in Full <i>Thos. Fishbaugh</i>		CERTIFICATE OF DEATH	
Died at <i>Grovestown</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>	
MAYLAND			
Date of death <i>1906</i>	Month <i>Apr</i>	Day <i>12</i>	Age <i>78</i>
Sex <i>Male</i>		Color or Race <i>white</i>	Birth-place <i>Maryland</i>
Occupation <i>None</i>		Where Residing if not at place of death <i>Grovestown Md</i>	
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Sarah J. Keller</i>		
Father's Name <i>Thos. Fishbaugh</i>	Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Annie Keller</i>	Mother's Birthplace <i>do</i>		
Name of person giving information		How related to deceased	

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Heart disease</i>	How long <i>Several months</i>
	Immediate <i>" "</i>	How long <i>10 minutes</i>
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. M. Duncan</i>
		Address <i>Grovestown Md</i>
	Accident or Suicide? <i>No</i>	

J. A. Huchfeld Jr  
Smiths Bridge  

---

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Doomsina Fornaccio*  
*Ballo, Co* <sup>Town</sup> *Almshouse* <sup>County</sup>Date of death *1906* <sup>Month</sup> *4* <sup>Day</sup> *18* <sup>Years</sup> *Age 33* Months DaysSex *female* Color or Race *White* Birth-place *Italy*

Occupation Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

Primary *Pulmonary & Intestinal* *came here about* *how long* *a year ago suf-*Immediate *Tuberculosis* *flowing with* *Tuberculosis* *how long*Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. Thos. C. Bussey*Address *Texas* *Md*

Accident or Suicide?

This body is the  
barrel of St. Joseph  
Texas.

Name  
in  
Full

Peter Friedel

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1906		April	20		1	2	
Sex	Male		Color or Race	White		Birth-place	Balti b. a
Occupation	None		Where Residing if not at place of death				
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	George Friedel					Father's Birthplace	Baltimore
Mother's Maiden Name	Lena Kraus					Mother's Birthplace	Germany
Name of person giving information	George Friedel					How related to deceased	Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Natural Causes	How long
Immediate	Natural Causes	How long
Are the name, age, sex, color, date and place correctly given above?	Jxs	Signature of Physician
		Address
		501 N. Clinton St.
Accident or Suicide?		

W. L. Camel,  
H. Gander & Son

Name  
in  
Full

Gustav Gieske

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Catonsville Md. <sup>County</sup> Balto. MARYLAND

Date of death 1906 <sup>Month</sup> Apr <sup>Day</sup> 14 <sup>Age</sup> 70 <sup>Years</sup> 6 <sup>Months</sup> 8 <sup>Days</sup>

Sex Male <sup>Color or Race</sup> white <sup>Birth-place</sup> Oldenburg Germany

Occupation Merchant <sup>Where Residing If not at place of death</sup>

Married, Single or Widowed Married <sup>Name of Wife or Husband</sup> Augusta Gieske

Father's Name Theodor Gieske <sup>Father's Birthplace</sup> Germany

Mother's Maiden Name Antoinette Miller <sup>Mother's Birthplace</sup> do

Name of person giving information A. W. Gieske <sup>How related to deceased</sup> Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary Carcinoma of Oesophagus  
and Stomach

How long About

Immediate

Incontinence

How long 6 Months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Shady Maple  
Catonsville  
Burr Co Md

Accident or Suicide?

H. M. Jenkins & Sons Ltd  
Undertakers

Place of Burials London Part 16



Name in Full TO BE ANSWERED BY NEAREST FRIEND	Name (Gilbert) David C.						CERTIFICATE OF DEATH	
	Died at <sup>Town</sup> <i>Healdsville</i>			<sup>County</sup> <i>Balto.</i>			MARYLAND	
	Date of death <i>1906</i>		<sup>Month</sup> <i>April</i>		<sup>Day</sup> <i>2</i>		<sup>Years</sup> <i>60</i>	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>			
	Occupation <i>Blacksmith</i>				Where Residing if not at place of death <input checked="" type="checkbox"/>			
	Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <input checked="" type="checkbox"/>			
	Father's Name <input checked="" type="checkbox"/>				Father's Birthplace <input checked="" type="checkbox"/>			
	Mother's Maiden Name <input checked="" type="checkbox"/>				Mother's Birthplace <input checked="" type="checkbox"/>			
Name of person giving information <input checked="" type="checkbox"/>				How related to deceased <input checked="" type="checkbox"/>				

PHYSICIAN OR CORONER	CAUSES OF DEATH	
	Primary <i>Dementia</i>	How long <i>26 yrs -</i>
	Immediate <i>Chronic Bright's</i>	How long <i>6 mos.</i>
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. Wade</i>
	Accident or Suicide? <i>No.</i>	Address <i>Healdsville, Md</i>



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

MARYLAND

Died at <i>Gorans</i> Town		<i>Baltimore</i> County	
Date of death	1906	Month	<i>Apr.</i>
		Day	<i>21</i>
		Years	<i>39</i>
		Months	
		Days	
Sex	<i>Male</i>	Color or Race	<i>White</i>
Occupation	<i>Gardener</i>	Birth-place	<i>Washington D.C.</i>
Where Residing if not at place of death		<i>Gorans Ave. Gorans</i>	
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Caroline Gladman</i>
Father's Name	<i>James Gladman</i>	Father's Birthplace	<i>Ind</i>
Mother's Maiden Name	<i>Ann Norton</i>	Mother's Birthplace	<i>Ind</i>
Name of person giving information	<i>John Gladman</i>	How related to deceased	<i>Brother</i>

## CAUSES OF DEATH

Primary	<i>Spinal Carcinoma of Abdominal Cavity</i>	How long	<i>1 yr 9</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 wks.</i>

Are the name, age, sex, color, date and place correctly given above?

*Yes*

Signature of Physician

Address

Accident or Suicide?

Interment in  
Prospect Hill Cemetery  
April. 4/206  
William Cooper

Dr. Massenburg  
J.

Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIEND

Florence N. Griswold

## CERTIFICATE OF DEATH

MARYLAND

Died at *near Rustatown*

County

*Balto*Date of death *1906 April 9*Age *35*

Months

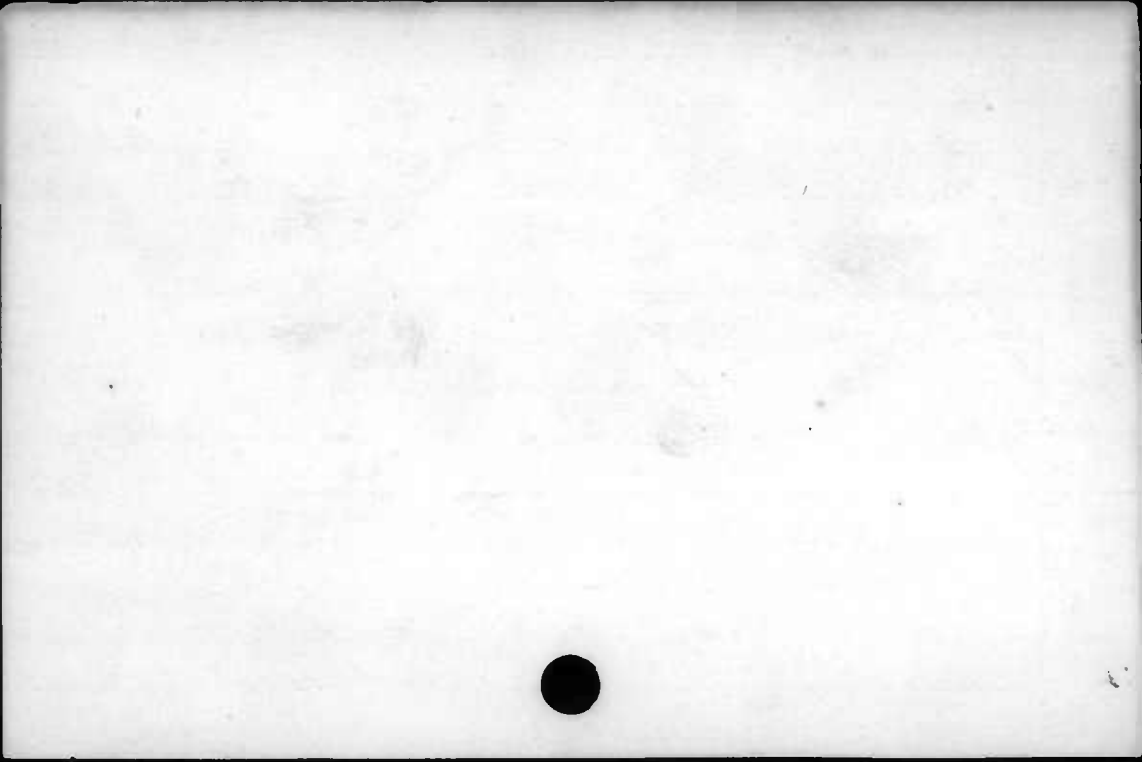
Days

Sex *Female*Color or Race *white*Birthplace *Balto co. Md*Occupation *House wife*Where Residing if not  
at place of deathMarried, Single  
or Widowed *married*Name of Wife or  
Husband *Leroy Griswold*Father's Name *John W. Triplett*Father's Birthplace *Balto co Md*Mother's Maiden Name *Clara Cook*Mother's Birthplace *" " "*Name of person giving  
information *Leroy Griswold*How related  
to deceased *Husband*

## CAUSES OF DEATH

Primary *Tuberculosis*How long *Several years*Immediate *Exhaustion*How long *2 days*Are the name, age, sex, color, date  
and place correctly given above? *yes*Signature of Physician *Franklin de Erb*Address *Rustatown*

Accident or Suicide?



Name  
in  
Full

Peter Paul Hall

## CERTIFICATE OF DEATH

Town

County

Died at Gardenville

Barto

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1906

Apr

11

Age

25

6

11

Sex

Male

Color or  
Race

White

Birth-  
place

Barto City

Occupation

Cutter + trimmer

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or

Mary L. Hall

Father's  
Name

John C. Hall

Father's  
Birthplace

Barto Ind

Mother's  
Maiden Name

Mary Spalmer

Mother's  
Birthplace

" "

Name of person giving  
In formation

John C. Hall

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

12 year

Immediate

Exhaustion

How long

?

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

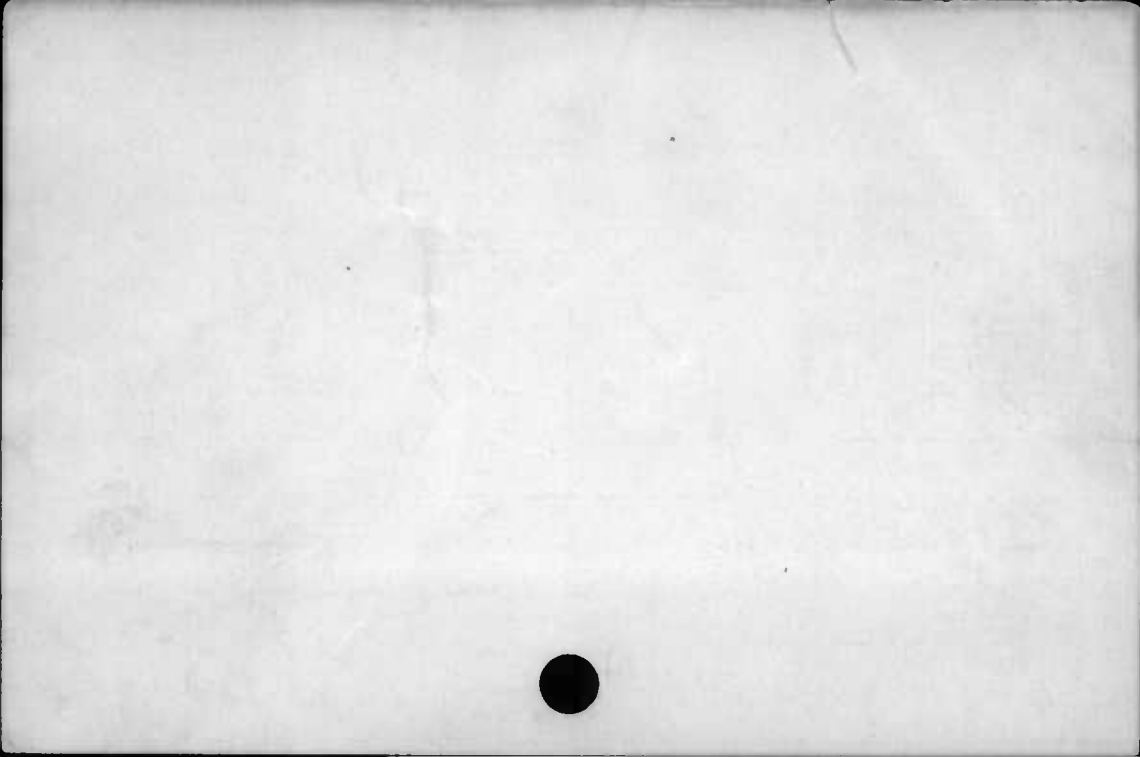
L. M. C. Parker M.D.

Address

1051 Ainsworth St  
Barto. Ind.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Barrie M. Harris

## CERTIFICATE OF DEATH

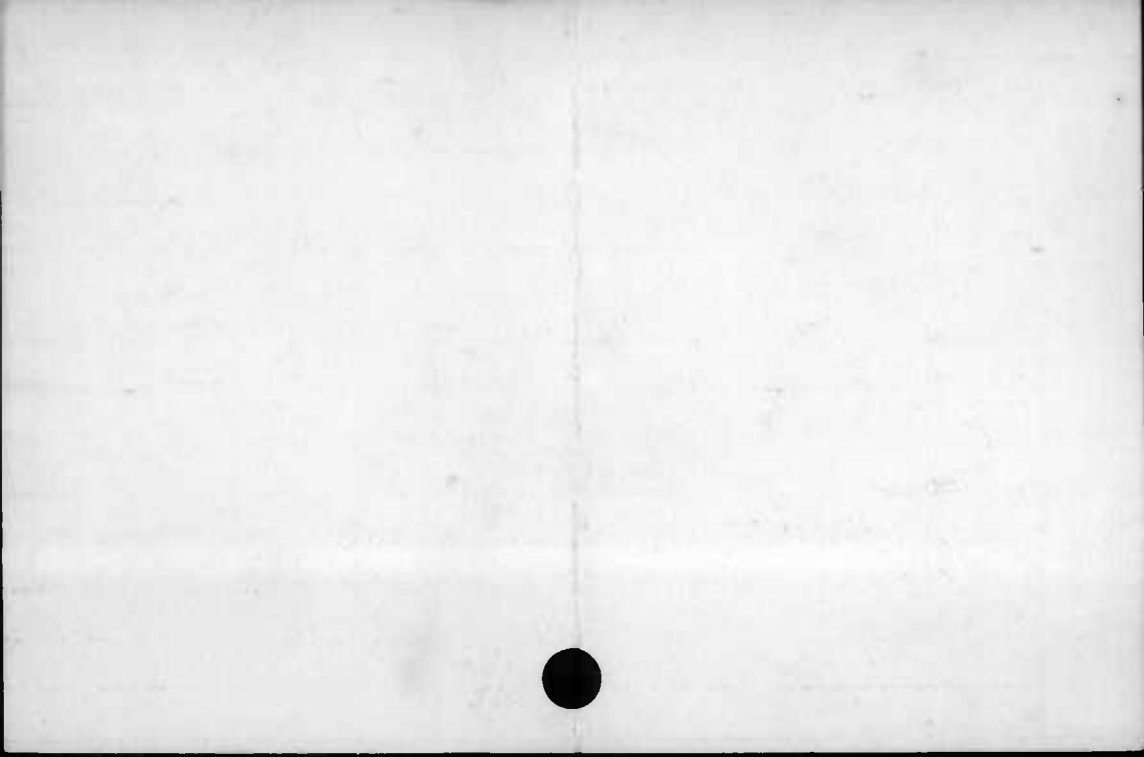
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Fruitbearing</i> <sup>Town</sup>			<i>Bach</i> <sup>County</sup>			MARYLAND		
Date of death 190 <i>6</i>		Month <i>4</i>	Day <i>10</i>	Age	Years	Months <i>10</i>	Days <i>6</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Ind</i>				
Married, Single or Widowed <i>—</i>				Occupation <i>—</i>				
Name of Wife or Husband <i>—</i>								
Father's Name <i>Wm Harris</i>				Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Cora Helms</i>				Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Wm Harris</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>cold</i>	How long <i>(60)</i>
Immediate <i>Inf. Bowin</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. H. Wilson</i>
	Address <i>Fruitbearing Ind</i>
Accident or Suicide?	



Name  
in  
Full

Gertrude C. M. Hauck

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westport</i> <sup>Town</sup>		<i>Baltimore</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1906</i> <sup>Year</sup>	<i>April</i> <sup>Month</sup>	<i>4<sup>th</sup></i> <sup>Day</sup>	<i>6</i> <sup>Months</sup>	<i>24</i> <sup>Days</sup>
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Balto. Co.</i>
Occupation	<i>None</i>		Where Residing if not at place of death <i>Annapolis Road</i>		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband _____			
Father's Name	<i>Joseph W. Hauck</i>			Father's Birthplace	<i>Balto Co</i>
Mother's Maiden Name	<i>Mary Bachmann</i>			Mother's Birthplace	<i>Germany</i>
Name of person giving information	<i>Joseph W. Hauck</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Congestion of the Brain</i>	How long	<i>3</i>
Immediate	<i>Convulsions</i>	How long	<i>2</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>E. R. Wintersen</i>	
Address		<i>Hanover, Md.</i>	
Accident or Suicide?			

Schloman & Son.

Bachman Cemetery.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>William C. Head</i>		Town <i>Pikesville</i>		County <i>Baltimore</i>		MARYLAND			
Died at		Date of death <i>1906</i>		Month <i>4</i>	Day <i>14</i>	Age <i>71</i>	Years <i>71</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>N. Co.</i>					
Occupation <i>Salesman</i>		Where Residing if not at place of death <i>Pikesville</i>							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>—</i>							
Father's Name <i>—</i>		Father's Birthplace <i>—</i>							
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>—</i>							
Name of person giving In formation <i>H. H. Matthews</i>		How related to deceased <i>None</i>							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Senile degeneration</i>	How long <i>Several years</i>
Immediate <i>Myocarditis</i>	How long <i>about 10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. O. E. M.</i>
	Address <i>Pikesville Md</i>
Accident or Suicide?	

London Town  
JH Knapf.

Name  
in  
Full

Chas. J. Herget

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town		County		MARYLAND									
Died at		Highlandtown		Baltimore									
Date of death		1906	Month	April	Day	25 <sup>th</sup>	Age	Years	1	Months	11	Days	27
Sex		Male		Color or Race		White		Birth-place		Baltimore Co.			
Occupation				Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		Valentine J. Herget						Father's Birthplace		Ch. Co. Md.			
Mother's Maiden Name		Laura M. Schmidt						Mother's Birthplace		Baltimore Co.			
Name of person giving information		Valentine J. Herget						How related to deceased		Father			

## CAUSES OF DEATH

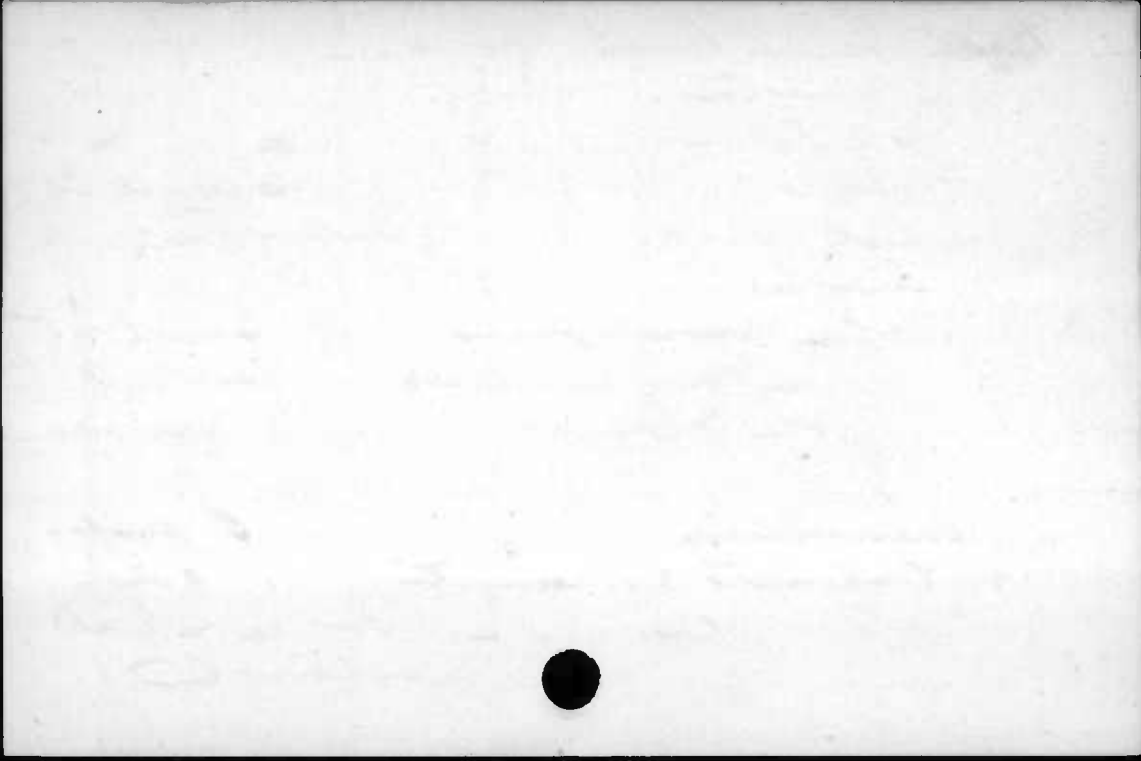
PHYSICIAN  
OR CORONER

Primary		Pertussis		How long		2 weeks	
Immediate		Bron.		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		C. N. Athey			
		Address		2 Hudson St. N.Y.			
Accident or Suicide?							





Name in Full		Milton R. Hershey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Bentley Springs		Balt		MARYLAND	
	Date of death	1906	April	9	Age	38	Months 11 Days 7
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Farmer		Where Residing if not at place of death		Bentley Springs	
	Married, Single or Widowed	Married		Name of Wife or Husband		Ida Mays Hershey	
	Father's Name	Joseph S. Hershey		Father's Birthplace		York Co Pa	
	Mother's Maiden Name	Susan L. Reynolds		Mother's Birthplace		Charter Co Pa	
Name of person giving information	J. F. Hershey		How related to deceased		Brother		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Struck by Lever of stump puller				How long	6 days
	Immediate	Peritonitis Traumatic				How long	2 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	R R Harris	
					Address	Prokton	
					Ind		
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Arlington</i> Town <i>Balto</i> County		MARYLAND	
Date of death 190 <i>6</i> <i>April</i> Month <i>4</i> Day	Age <i>6</i> Years	<i>4</i> Months	<i>4</i> Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Carroll Co. Md</i>	
Occupation <i>School child</i>	Where Residing if not at place of death <i>Arlington</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>John David Hias</i>	Father's Birthplace <i>Carroll Co. Md</i>		
Mother's Maiden Name <i>Ellen May Bernhard</i>	Mother's Birthplace <i>Carroll Co. Md</i>		
Name of person giving information <i>John D. Hias</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

Primary <i>Rheumatism</i>	How long <i>5 days</i>
Immediate <i>Pericarditis &amp; Meningitis</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. L. Cox</i>
	Address <i>Arlington</i>
Accident or Suicide?	

PHYSICIAN  
OR CORONER

Martin Maher & Sons

Knud Ridge Land

Name  
in  
Full

*Renatus J Holand*

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at *Woodstock*

*Baths*

Date of death *1906*

Month

*Apr*

Day

*20*

Age

Years

*69*

Months

*9*

Days

*7*

Sex

*male*

Color or  
Race

*white*

Birth-  
place

*France*

Occupation

*Print*

Where Residing if not  
at place of death

*Same*

Married, Single  
or Widowed

*Single*

Name of Wife or  
Husband

*—*

Father's  
Name

*OK*

Father's  
Birthplace

*OK*

Mother's  
Maiden Name

*OK*

Mother's  
Birthplace

*OK*

Name of person giving  
In formation

*Daniel Fortson*

How related  
to deceased

*none*

*(112)*

CAUSES OF DEATH

Primary

*Hepatic Cirrhosis*

How long

*3 years*

Immediate

*Exhaustion*

How long

*few days*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

Address

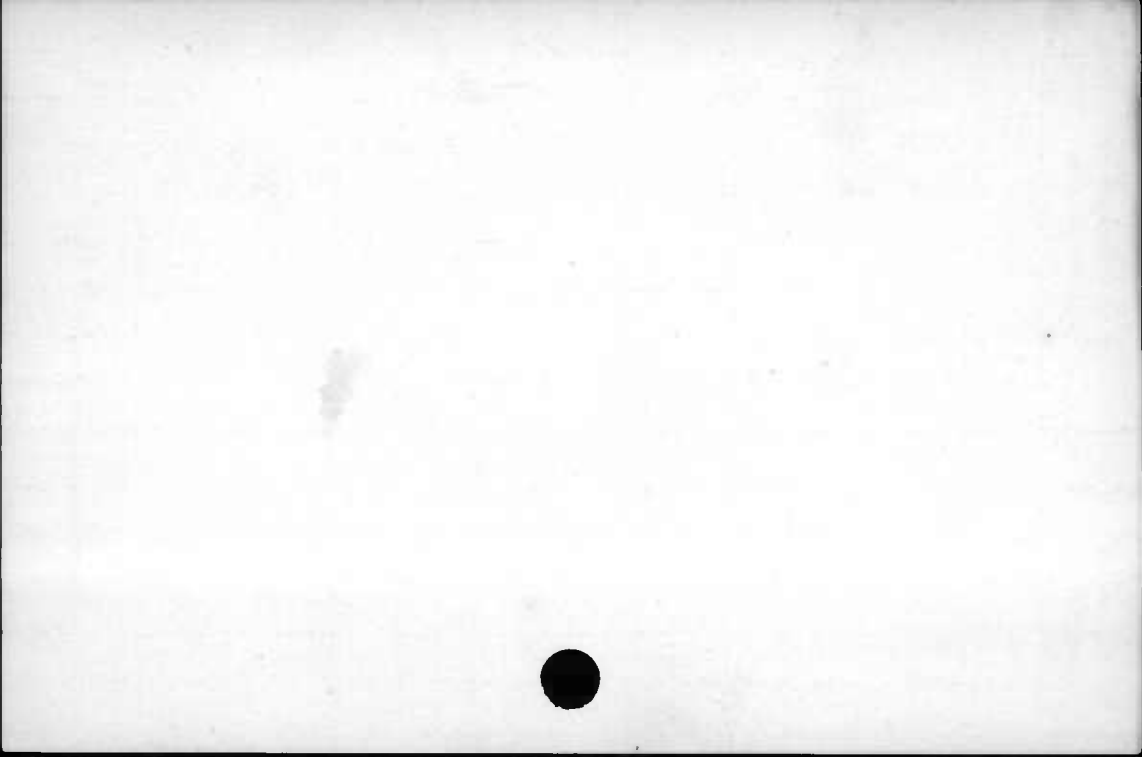
*H. J. Murphy, M.D.  
Baltimore, Md*

Accident or Suicide?

*—*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name in Full <b>Holley, Elam L.</b>		CERTIFICATE OF DEATH	
Died at <b>Leftonsville</b> <sup>Town</sup> <b>Bulle</b> <sup>County</sup>		MARYLAND	
Date of death <b>1906</b> <sup>Month</sup> <b>April</b> <sup>Day</sup> <b>10</b> <sup>Age</sup> <b>62</b> <sup>Years</sup>	<sup>Months</sup>		<sup>Days</sup>
Sex <b>Male</b>	Color or Race <b>white</b>	Birthplace <b>Penn.</b>	
Occupation <b>Miner</b>	Where Residing If not at place of death <b>X</b>		
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>X</b>		
Father's Name <b>X</b>	Father's Birthplace <b>X</b>		
Mother's Maiden Name <b>X</b>	Mother's Birthplace <b>X</b>		
Name of person giving information <b>X</b>	How related to deceased <b>X</b>		

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <b>Senile Dementia</b>	How long <b>1 yr.</b>	
	Immediate <b>Cerebral Hemorrhage</b>	How long <b>24 hours</b>	
	Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>J. H. Wade</b>	
	Address <b>Leftonsville, Md.</b>		
Accident or Suicide? <b>No.</b>			

Joseph B Cook  
1013 N Bald St -

Levee Oaklawu,



Name  
in  
Full

(Horn) Mary

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Leatonsville*<sup>County</sup> *Balto.*Date of death <sup>Month</sup> *June* <sup>Day</sup> *29* <sup>Year</sup> *1906*Age *53* <sup>Months</sup>

Months

Days

Sex *Female*Color or Race *White*Birth-place *Ireland*Occupation *Domestic*Where Residing if not  
at place of death ☒Married, Single or Widowed *Married*Name of Wife or  
Husband ☒Father's  
Name ☒Father's  
Birthplace ☒Mother's  
Maiden Name ☒Mother's  
Birthplace ☒Name of person giving  
Information ☒How related  
to deceased ☒

## CAUSES OF DEATH

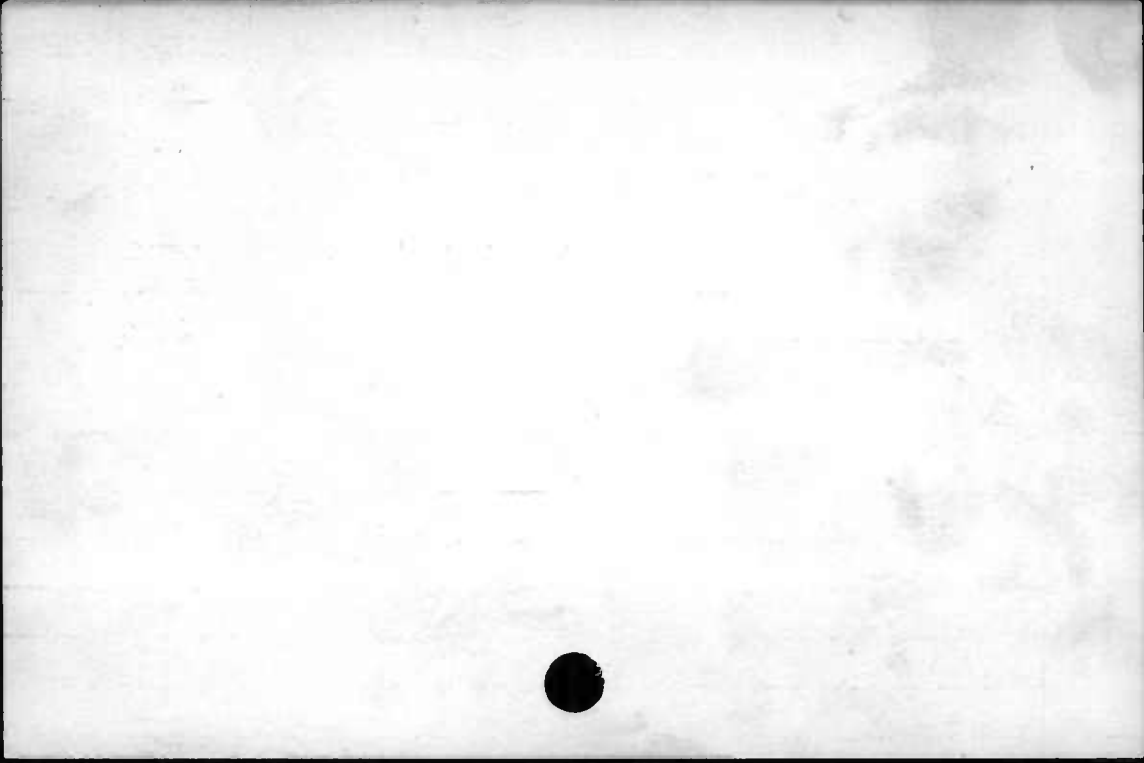
Primary *Senile Dementia*How long *3 yrs.*Immediate *Valvular Dis of Heart*How long *6 hours*Are the name, age, sex, color, date  
and place correctly given above?*Yes.*Signature of  
Physician

Address

*Percy Wade**Leatonsville, Md*

Accident or Suicide?

*No.*PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

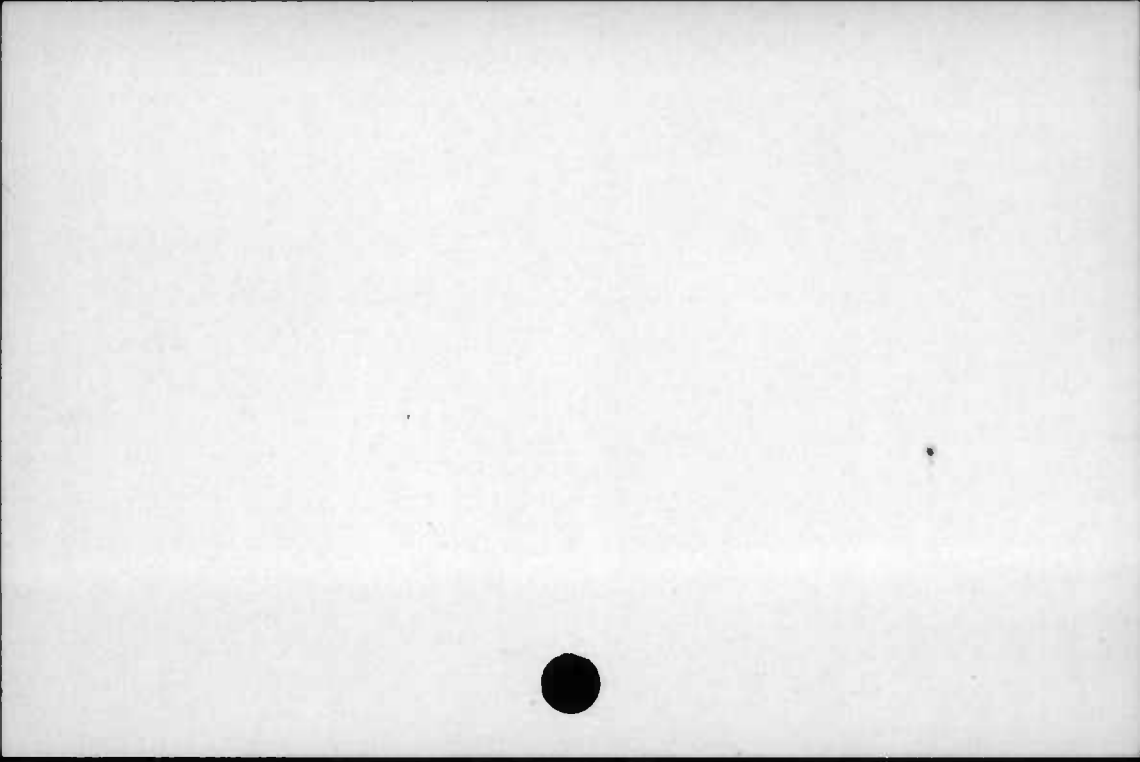
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Dulw Huchthausen</i>		Town <i>Highlandtown</i>		County <i>Barto</i>		MARYLAND	
Died at <i>Highlandtown</i>		Month <i>4</i>		Day <i>24</i>		Years <i>1</i>	
Date of death <i>1906</i>		Month <i>4</i>		Day <i>24</i>		Age <i>1</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md.</i>		Months <i>1/2</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Jacob Huchthausen</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Dulw Triser</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Inanition</i>	How long <i>151</i>
Immediate " " "	How long <i>1/2 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. A. Glantz</i>
	Address <i>41 Eastern Ave. Md.</i>
Accident or Suicide?	



Name  
in  
Full

Harriet Isler

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Balto. Co. <sup>County</sup> Alcuohouse

Date of death 1906 Month 4 Day 30 Age about 85 Years Months Days

Sex female Color or Race Colored Birth-place

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information How related to deceased

79

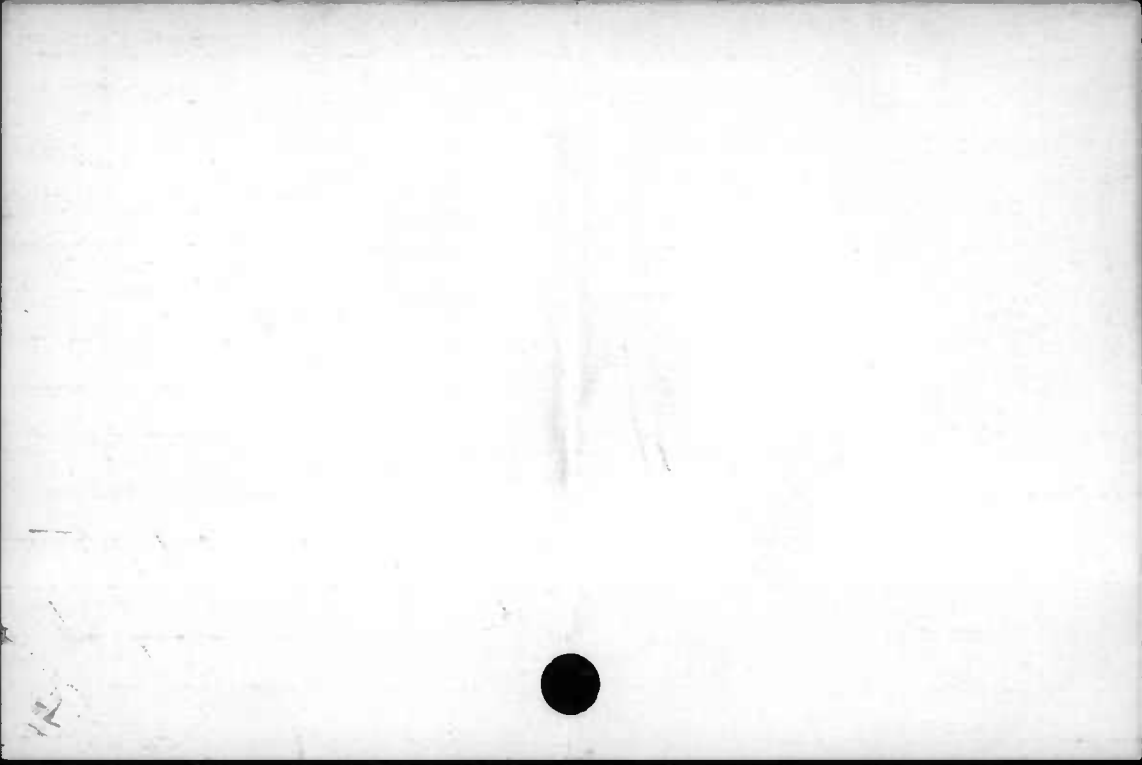
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Mitral Regurgitation Do not know, was brought to Insto-  
How long? How long? lution in dying

Immediate Are the name, age, sex, color, date and place correctly given above? Signature of Physician Address Dr. Thos. C. Bussey

Accident or Suicide? Texas Ind



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>James Kane</i> Town		County <i>Baltimore</i>			
Date of death <i>1906</i>	Month <i>April</i>	Day <i>10</i>	Age <i>1</i>	Months <i>1</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Fork</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>James Kane</i>			Father's Birthplace <i>N. Jersey</i>		
Mother's Maiden Name <i>Frances V. Leamough</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>James S. Kane</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Brain Complication</i>	How long <i>10 months</i>
Immediate <i>Whooping Cough</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jno S Green</i>
	Address <i>Gittings ind</i>
Accident or Suicide? <i>no</i>	

cluster mint.

St. Stephens



Name  
in  
Full

Peter Therman

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bearies</i>		County <i>Balt</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>19</i>	Age <i>76</i>	Months <i>-</i>	Days <i>-</i>
Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>MD</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>-</i>		Name of Wife or Husband <i>Elizabeth Therman</i>			
Father's Name <i>-</i>		Father's Birthplace <i>-</i>			
Mother's Maiden Name <i>-</i>		Mother's Birthplace <i>-</i>			
Name of person giving information <i>Stephen Therman</i>		How related to deceased <i>Son</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Aortic Regurgitation</i>	How long <i>6 mo</i>
Immediate <i>-</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>/</i>	Signature of Physician <i>C. V. Wace</i>
	Address <i>Prossville, Md</i>
Accident or Suicide? <i>-</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

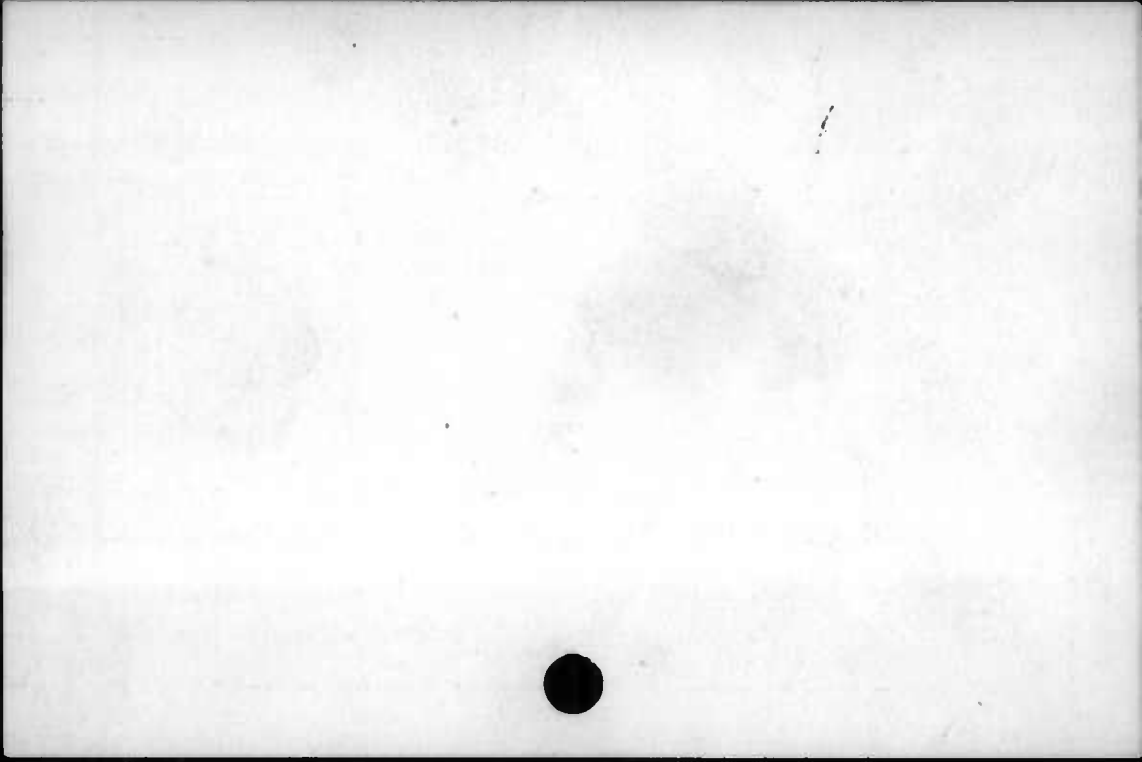
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Kenny</i>		Town <i>Cella</i>		County <i>Baltimore</i>		MARYLAND		
Died at		Date of death 190 <i>6</i>		Month <i>Apr.</i>	Day <i>7</i>	Age Years <i>—</i>	Months <i>3</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>					
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>						
Name of Wife or Husband <i>—</i>								
Father's Name <i>Wm Kenny</i>				Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth MacKenzie</i>				Mother's Birthplace <i>Maryland</i>				
Name of person giving Information <i>Wm Kenny</i>				How related to deceased <i>Father</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Congenital debility</i>	How long <i>90</i>
Immediate <i>Pneumonia</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. M. B. [illegible]</i>
	Address <i>Whittier, Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Water Keys

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Patapsco Neck</i> Town		<i>Baltimore</i> County		MARYLAND	
Date of death	1906	Month	April	Day	27
		Years	82	Months	
Sex	male	Color or Race	white	Birth-place	Ireland
Occupation	Laborer		Where Residing if not at place of death <i>Patapsco Neck</i>		
Married, Single or Widowed	widower		Name of Wife or Husband		
Father's Name	—			Father's Birthplace	—
Mother's Marden Name	—			Mother's Birthplace	—
Name of person giving In formation	<i>Mr Murrey</i>			How related to deceased	none

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Rupture</i>	How long	—
Immediate	<i>Rupture</i>	How long	—
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Coroner J. M. Murrey</i>
		Address	<i>505 N. Clinton st</i>
Accident or Suicide?			

108



Name  
in  
Full

Kunigunda Kress

## CERTIFICATE OF DEATH

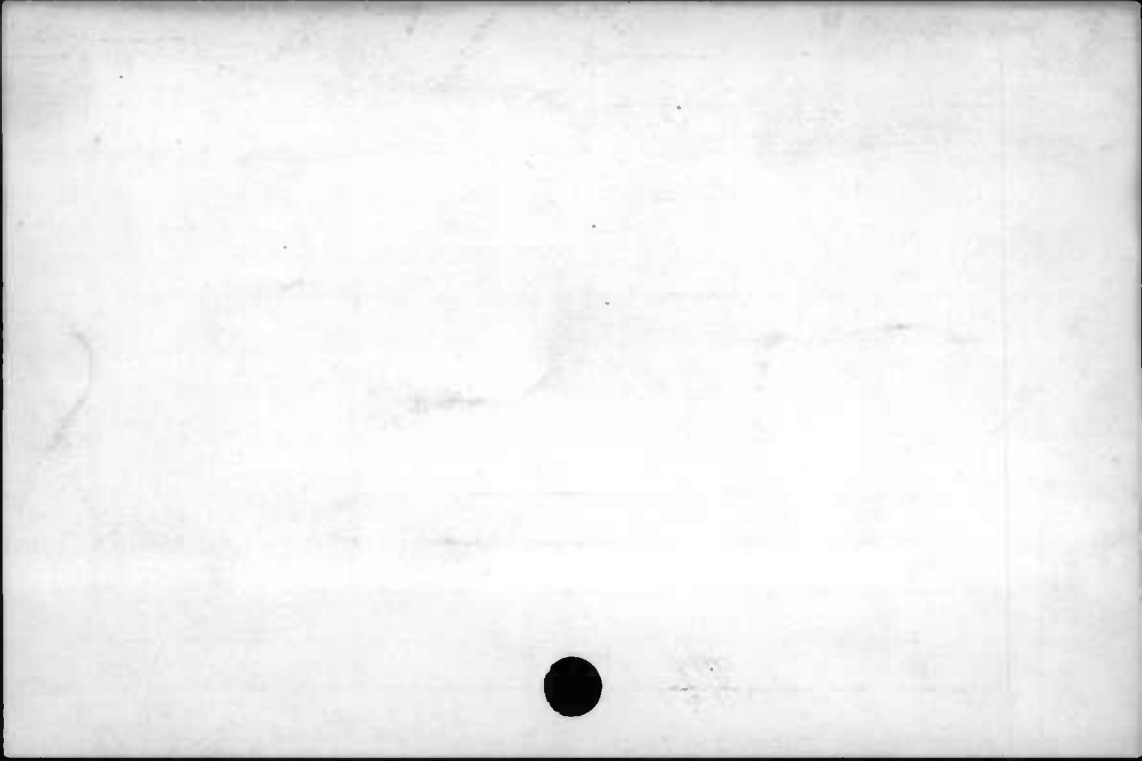
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> 707 S. East. Ave.		<sup>County</sup> Balto. Co.		MARYLAND	
Date of death	1906	Month	April	Day	5th
Age		Years		Months	Days
78		10		—	
Sex	Female	Color or Race	white	Birth-place	Germany
Occupation	none		Where Residing if not at place of death		
Married, Single or Widowed	Widow		Name of Wife or Husband		
George Kress		Father's Name			
Unknown		Father's Birthplace			
Germany		Mother's Maiden Name			
Unknown		Mother's Birthplace			
Germany		Name of person giving information			
Henry Kress		How related to deceased			
Son		(19)			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Endocarditis	How long	5 months
Immediate	Asthma	How long	36 hrs.
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		M. J. McLooney M.D.	
Address		839 S. Carlton St.	
Accident or Suicide?			





Name  
in  
Full

Elizabeth Kuhlmann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Banton</u> Town		<u>Balto.</u> County		MARYLAND	
Date of death <u>1906</u>	Month <u>April</u>	Day <u>27</u>	Age <u>78</u>	Months <u>5</u>	Days <u>19</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Occupation <u></u>			Where Residing if not at place of death <u>23 Elliott St.</u>		
Married, Single or Widowed <u>Widow</u>	Name of <del>Wife</del> Husband <u>Adolph Kuhlmann</u>				
Father's Name <u>Henry Wagner</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Not known</u>	Mother's Birthplace <u></u>				
Name of person giving information <u>Mrs. Annie Moehler</u>	How related to deceased <u>Daughter-in-law</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chronic Nephritis</u>	How long <u>3 mts</u>
Immediate <u>oedema Lung</u>	How long <u>few days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. L. Bunker, M.D.</u>
	Address <u>218 O'Donnell Rd Baltimore, Md.</u>
Accident or Suicide? <u></u>	

Baltimore Cemetery

Apr. 29 - 06

Girler + Girler  
1739 E. Egan St.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Julia Leakey</i>		Town <i>Mt Hope Retmah</i>		County <i>Baltimore Co -</i>		STATE <i>MARYLAND</i>	
Died at <i>Mt Hope Retmah</i>		Month <i>April</i>		Day <i>14<sup>th</sup></i>		Years <i>23 yrs</i>	
Date of death <i>1906</i>		Months <i>unknown</i>		Days <i>unknown</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Wilmington Del -</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Fether's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Recd. of Mt Hope Retmah</i>		How related to deceased <i>Not at all -</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania Acute</i>	How long <i>11 days (?) -</i>
Immediate <i>Ex. Cardiac Collapse -</i>	How long <i>Suddenly -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retmah</i>
	<i>Baltimore Md -</i>
Accident or Suicide? <i>(initials)</i>	



Name  
in  
Full

Still Birch Lloyd

## CERTIFICATE OF DEATH

Died at Barton <sup>Town</sup> Balt <sup>County</sup> MARYLANDDate of death 1906 4 Month 22 Day 7 Years mosaic Months uters DaysSex Male Color or Race White Birth-place BartonOccupation — Where Residing if not at place of death —Married, Single or Widowed — Name of Wife or Husband —Father's Name Chas Lloyd Father's Birthplace MDMother's Maiden Name Alice Smith Mother's Birthplace BaltName of person giving information Chas Lloyd How related to deceased Father

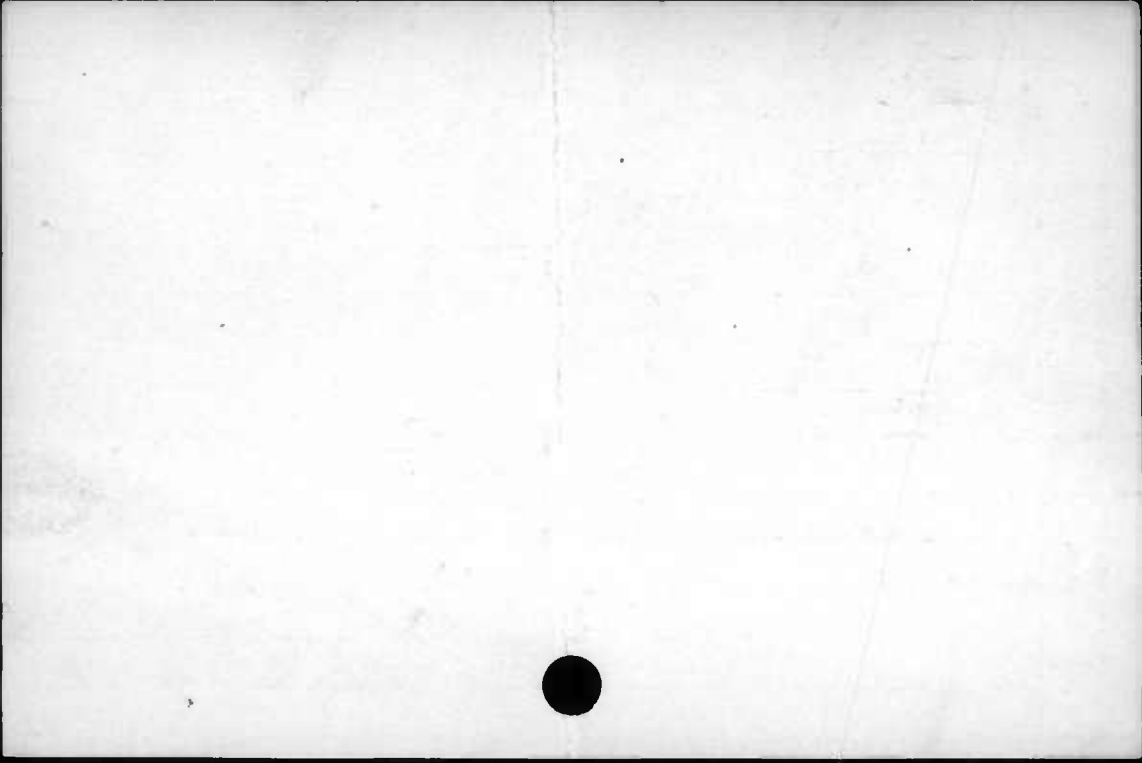
## CAUSES OF DEATH

Primary — How long —Immediate — How long —Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician David A. JonesAddress 3116 O'Donnell StAccident or Suicide? —TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

J Herwig & Son  
Trinity Beer

4/23/06

Name in Full		Infant Lockard 43/51		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Mt. Vista</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
	Date of death <i>1906</i>	<i>April</i> <small>Month</small>	<i>25</i> <small>Day</small>	Age <small>Years</small>	<i>Three</i> <small>Months</small>	
	Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto. Co. Md.</i>		
	Occupation _____		Where Residing If not at place of death _____			
	Married, Single or Widowed _____		Name of Wife or Husband _____			
	Father's Name <i>James Lockard</i>			Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Mary Foreston</i>			Mother's Birthplace <i>"</i>		
	Name of person giving information <i>James Lockard</i>			How related to deceased <i>Father</i>		
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <i>Don't know</i>		(179)		How long _____	
	Immediate <i>" "</i>				How long _____	
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Glade Bros. &amp; Co. Undertakers</i>			
	<i>No Physician in attendance</i>		Address <i>Long Green Md.</i>			
	Accident or Suicide?					





Name  
in  
Full

William Bradford Lytle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Walters P.O. <sup>County</sup> Baltimore

MARYLAND

Date of death 1906 <sup>Month</sup> Apr. <sup>Day</sup> 29 <sup>Age</sup> 81 <sup>Years</sup> <sup>Months</sup> 6 <sup>Days</sup> 20Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Baltimore Co.

Occupation None

Where Residing if not  
at place of deathMarried, Single or Widowed Widower <sup>Name of Wife or</sup> ~~husband~~ Sarah Jane, deceased

Father's Name Thomas Lytle

Father's Birthplace Balto. Co.

Mother's Maiden Name Charity McComas

Mother's Birthplace Balto. Co.

Name of person giving  
information J. Griffith LytleHow related  
to deceased Son

## CAUSES OF DEATH

Primary Cerebral Hemorrhage How long 90 days

Immediate Seminality How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

W. H. Pearce

Address

2105 N. Charles St.

Accident or Suicide?

PHYSICIAN  
OR CORONER

Removal to  
577. Garsuch Ave  
Waukegan  
Bath Md.

Name in Full		Matthias McLeumsey				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died <sup>Town</sup> <i>Ham Hurford Road</i>		<sup>County</sup> <i>Baltimore</i>		MARYLAND			
		Date of death	1906	Month	4	Day	18	Age	about 65
		Sex	Male		Color or Race	White		Birth-place	Penna
		Occupation	Stonemason		Where Residing if not at place of death				at home
		Married, Single or Widowed	Married		Name of Wife	Malvina Ewing McLeumsey			
		Father's Name	not known				Father's Birthplace	unknown	
Mother's Maiden Name	unknown				Mother's Birthplace	unknown			
Name of person giving information	Malvina E. McLeumsey				How related to deceased	wife			
CAUSES OF DEATH									
PHYSICIAN OR CORONER		Primary				How long			
		<i>Organic reis of heart</i>				<i>several years</i>			
		Immediate				How long			
		<i>Cardiac Asthenia</i>				<i>Instantaneous</i>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				Address			
Yes		<i>R. C. Massenburg</i>				<i>Towson</i>			
Accident or Suicide?		<i>Accident</i>				<i>Body viewed by Coroner &amp; Robert</i>			

Julius Grammer

P. O. Leub Hill

---

Burial

National Cemetery

London Park

Name  
in  
Full

## CERTIFICATE OF DEATH

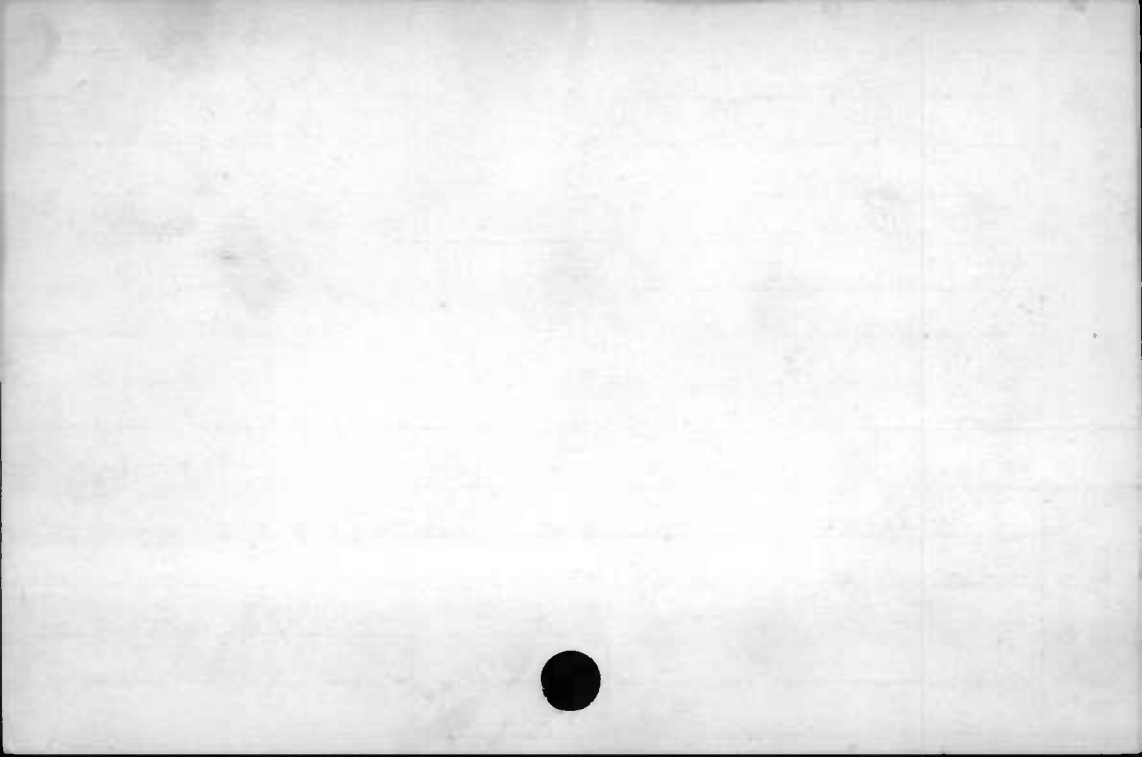
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Shinn's Point</u>		Town <u>Baltimore</u>		County		
Date of death <u>1904</u>	Month <u>April</u>	Day <u>22<sup>nd</sup></u>	Age <u>61</u>	Years	Months <u>11</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Pa</u>			
Occupation <u>Locomotive Engineer</u>		Where Residing If not at place of death				
Married, <del>Single</del> or <del>Widowed</del>	Name of <del>Wife</del> Husband <u>Sarah A. Henry</u>					
Father's Name <u>Andrew M<sup>c</sup> Croskey</u>	Father's Birthplace <u>Pa</u>					
Mother's Maiden Name <u>Anna Johnson</u>	Mother's Birthplace <u>Pa</u>					
Name of person giving information <u>Mrs M<sup>c</sup> Croskey</u>	(64) How related to deceased <u>Neph</u>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Rheumatism &amp; Arteria Sclerosis</u>	How long <u>Several years</u>
Immediate <u>Cerebral Hemorrhage</u>	How long <u>5 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>F. E. Gledhill</u>
	Address <u>Shinn's Point</u>
Accident or Suicide?	<u>No</u>



Name  
in  
Full

## CERTIFICATE OF DEATH

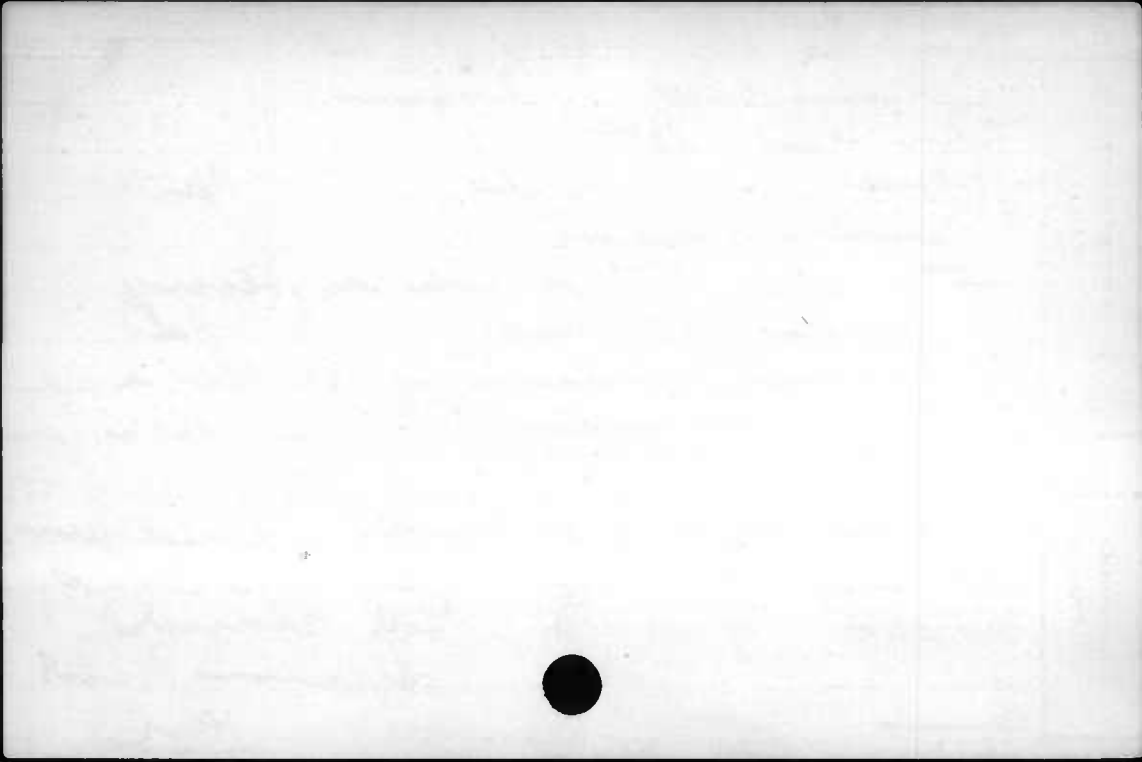
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John T. McHale</i>		Town <i>Spinnier Point</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Spinnier Point</i>							
Date of death	1904	Month	April	Day	19	Age	54
						Months	5
						Days	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Ireland</i>
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband	<i>Bridget McHale</i>			
Father's Name	<i>John McHale</i>					Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	<i>Nellie McHale</i>					Mother's Birthplace	<i>Ireland</i>
Name of person giving information	<i>John McHale</i>					How related to deceased	<i>Son</i>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Hematuria</i>	How long	<i>12 months</i>
Immediate	<i>Exhaustion</i>	How long	<i>8 weeks</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. C. Wood M.D.</i>
		Address	<i>Spinnier Point Md</i>
Accident or Suicide?			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary McLaughlin</i>		Town <i>Mt Hope Reformatory</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Mt Hope Reformatory</i>		Month <i>Apr</i>		Day <i>25</i>		Years <i>81 or 82</i>	
Date of death <i>1906</i>		Months <i>unknown</i>		Days <i>unknown</i>			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>same Balto Md.</i>					
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Recd from Mt Hope Reformatory</i>		How related to deceased <i>not at all</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>morbus senilis</i>	How long <i>abt 1 year</i>
Immediate <i>Exhaustion</i>	How long <i>abt one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Reformatory</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Hilda May McNally

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Texas* Town *T*County *Baltimore*Date  
of death *1906*Month *4*Day *1*

Age

Years

Months *10*

Days

Sex *female*Color or  
Race *White*Birth-  
place *Texas Md.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name *D. McNally*Father's  
Birthplace *Lancaster Pa.*Mother's  
Maiden Name *Florence Tracy*Mother's  
Birthplace *Monkton Md.*Name of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary *Broncho pneumonia*

How long

*17 days*

Immediate

Are the name, age, sex, color, date  
and place correctly given above?*Yes*Signature of  
Physician *Dr. T. C. Bussey*

Address

*Texas**Md.*

Accident or Suicide?

PHYSICIAN  
OR CORONER

To Be Binded By  
Green & Tice at  
St Joseph Texas

Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at

Town  
Gransboro

County

Baltimore

Date

of death

1906

Month

4

Day

28

Age

Years

—

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Groom.

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Geo. Muelan Macdonald 3rd

Father's  
Birthplace

Baltimore, Md.

Mother's  
Maiden Name

Robert Magnan

Mother's  
Birthplace

Baltimore, Md.

Name of person giving  
In formation

Geo. W. Macdonald

How related  
to deceased

## CAUSES OF DEATH

Primary

Acute postural Hemorrhage

How long

1 hour.

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Geo

Signature of  
Physician

Geo. W. Macdonald

Address

Sta. H. City.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Wm Cook

Greenmount Am.

Name  
in  
Full

## CERTIFICATE OF DEATH

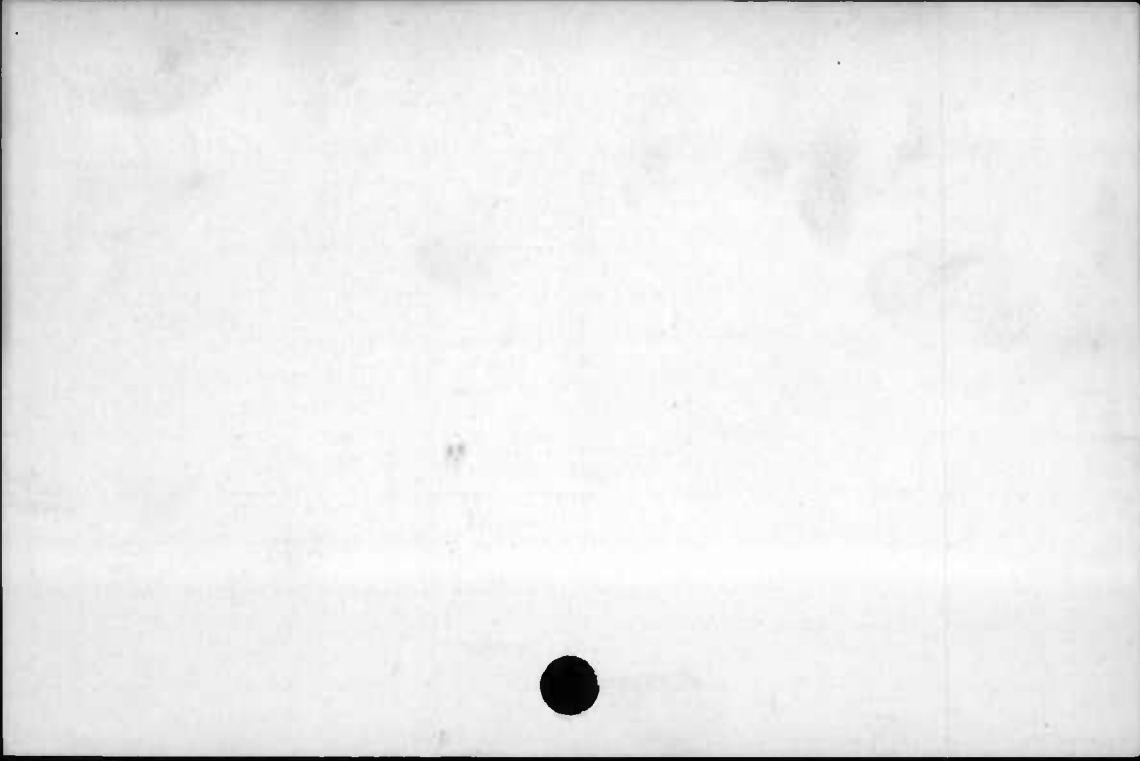
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>John Madden</i>		Town <i>Mt Hope Reformat</i>		County <i>Baltimore Co</i>		MARYLAND	
Died at		Month		Days		Years	
Date of death		<i>1906 Apr</i>		<i>13th</i>		<i>Age abt 67 or 68</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months <i>unknown</i>	
Occupation <i>Stone Mason</i>		Where Residing if not at place of death <i>Baltimore Md.</i>		Days <i>unknown</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>unknown</i>					
Father's Name <i>unknown</i>		Father's Birthplace <i>unknown</i>					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Recd Mt Hope Reformat</i>		How related to deceased <i>Not at all</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mania Chronic</i>		How long <i>abt 20 yrs -</i>	
Immediate <i>Ex. Terminal Decumbent</i>		How long <i>abt 2 mos -</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank J. Flannery M.D.</i>	
		Address <i>Mt Hope Reformat</i>	
		<i>Baltimore Co Md.</i>	
Accident or Suicide? <i></i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full		Town		County		State	
William H. Magill		Shenandoah		Baltimore		Maryland	
Died at		Date of death		Age		Months	
1906		April		9 years 9 months			
Sex		Color or Race		Birthplace			
Male		White		Baltimore, Co.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Wm H. Magill Jr.				Baltimore Co.			
Mother's Maiden Name				Mother's Birthplace			
Martha Cox				Baltimore Co.			
Name of person giving information				How related to deceased			
Fractus							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		How long	
Tuberculosis		5 days	
Immediate		How long	
Toxemia		5 days	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		H. H. Garrett	
		Address	
		Lonsdale, Md.	
Accident or Suicide?			

John Burns' Sons

Sater's Carr.

Balto. Co.

and

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Groome</i> Town		<i>Balto</i> County		MARYLAND
	Date of death <i>190</i>	Month <i>Apr</i>	Day <i>15</i>	Age <i>75</i> Years	Months <i>5</i> Days <i>8</i>
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Co.</i>	
	Occupation <i>Retired</i>		Where Residing if not at place of death <i>Balto Co. Md</i>		
	Married, Single or Widowed <i>Married</i>	Name of Wife <del>Wife</del> <i>Laura M. Maynadier</i>			
	Father's Name <i>Henry Maynadier</i>	Father's Birthplace <i>Virginia</i>			
	Mother's Maiden Name <i>Elizabeth Yelliot</i>	Mother's Birthplace <i>Maryland</i>			
	Name of person giving information <i>John H. Maynadier Jr.</i>		How related to deceased <i>Son</i>		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>					
PHYSICIAN OR CORONER	Primary <i>Arterio-sclerosis</i>		How long <i>?</i>		<i>(91)</i>
	Immediate <i>Bronchitis. Cerebral anemia</i>		How long <i>4 wks.</i>		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>J. H. MacKung</i>		
			Address <i>Sta H. Baltimore Md</i>		
Accident or Suicide? <i>—</i>					

Place of burial Greenmount cemetery, Baltimore

Undertaker, Henry W. Mears & Son, Baltimore.

Name  
in  
Full

Frank Marski

## CERTIFICATE OF DEATH

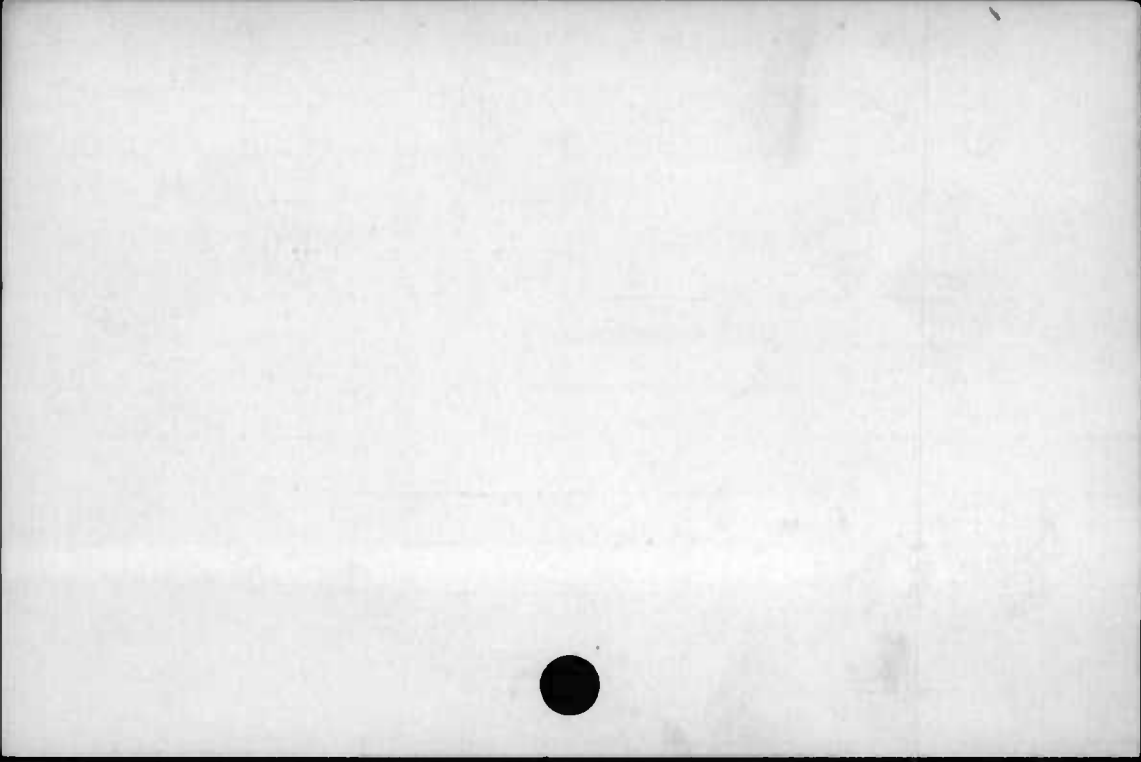
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Canton</u> <sup>Town</sup>		<u>Baltimore</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1906</u> <sup>Year</sup>	<u>April</u> <sup>Month</sup>	<u>5</u> <sup>Day</sup>	<u>17</u> <sup>Years</sup>	<u>6</u> <sup>Months</sup>
Sex	<u>male</u>	Color or Race	<u>White</u>	Birth-place	<u>md</u>
Occupation	<u>Deck Hand</u>	Where Residing if not at place of death <u>2414 Thudson St</u>			
Married, Single or Widowed	<u>single</u>	Name of Wife or Husband <u>—</u>			
Father's Name	<u>John Marski</u>			Father's Birthplace	<u>Germany</u>
Mother's Maiden Name	<u>—</u>			Mother's Birthplace	<u>—</u>
Name of person giving information	<u>Jos Marski</u>			How related to deceased	<u>Brother</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Electric Shock</u>	How long	<u>—</u>
Immediate	<u>"</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Coroner J M &amp; Mueller</u>	
<u>yes</u>		Address <u>501 N Clinton St</u>	
Accident <u>—</u>			



Name  
in  
Full

Anna Martha Meyer

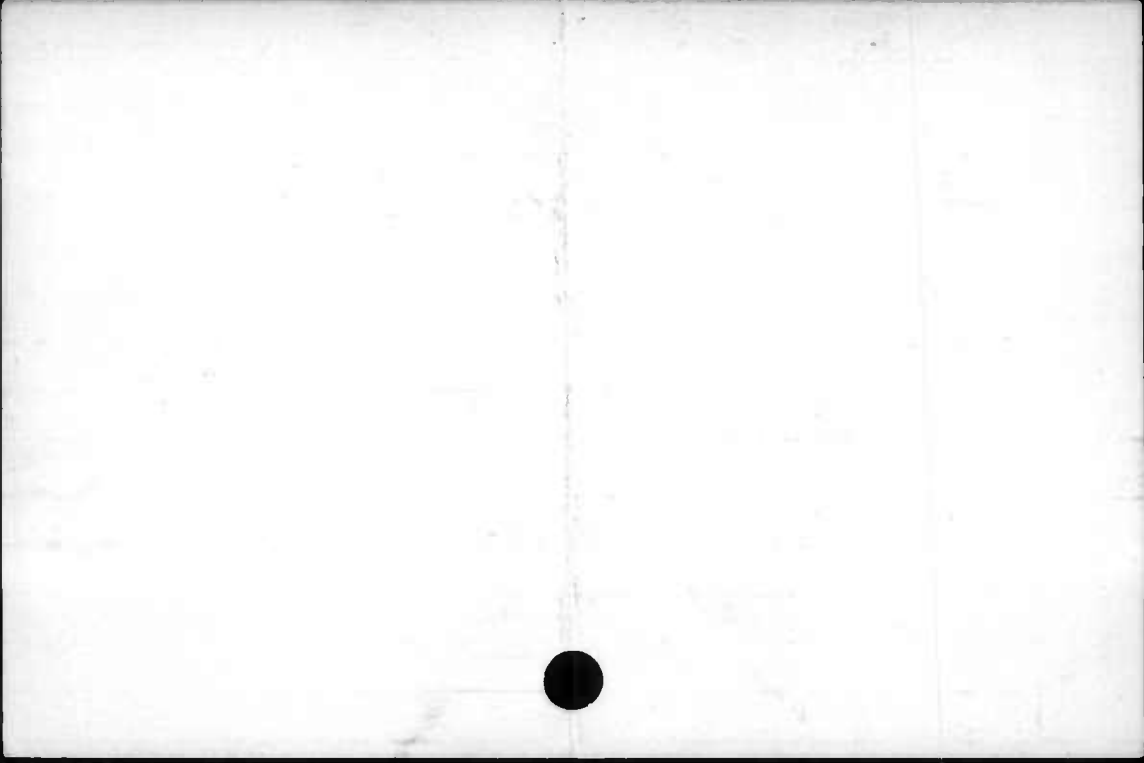
## CERTIFICATE OF DEATH

Died at		Town Rosedale		County Baltimore		MARYLAND	
Date of death 190	6	Month April	Day 27	Age 67	Years	Months 7	Days 15
Sex	Female		Color or Race	white		Birth- place	Germany
Married, Single or Widowed	Married			Occupation			Housework
Name of <del>Wife</del> or Husband	Henry Meyer						
Father's Name	Unknown					Father's Birthplace	Germany.
Mother's Maiden Name	Unknown					Mother's Birthplace	in
Name of person giving in formation	Mrs. Klein					How related to deceased	Step daughter.

## CAUSES OF DEATH

Primary	Cardiac irregularity		How long	couple yrs.
Immediate	Asphyxia		How long	6 mos.
Are the name, age, sex, color, date and place correctly given above?	yes.		Signature of Physician	M. J. A. Glantz
			Address	41 Eastern Ave Bk.
Accident or Suicide?				

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

Frederic Michelfelder

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Putty Hill</u>		Town <u>Balto.</u>		County <u>Balto.</u>		MARYLAND	
Date of death 190 <u>6</u>	Month <u>April</u>	Day <u>22</u>	Age <u>—</u>	Years <u>—</u>	Months <u>11-</u>	Days <u>15</u>	
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Balto. Co.</u>			
Married, Single or Widowed <u>—</u>				Occupation <u>—</u>			
Name of Wife or Husband <u>—</u>							
Father's Name <u>Paul Michelfelder</u>				Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Blanche Baumgarten</u>				Mother's Birthplace <u>Europe</u>			
Name of person giving information <u>Father</u>				How related to deceased <u>—</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Whooping Cough - Capillary Bronchitis</u>	How long <u>About 2 months</u>
Immediate <u>Exhaustion</u>	How long <u>Several days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Frederic Michelfelder</u>
<u>Best of my knowledge</u>	Address <u>Fulton, Md.</u>
Accident or Suicide? <u>—</u>	

Geo. W. Grammer

undertaker

Exterment Mass

Cent Hoxford Road

Name  
in  
Full

John W Miller

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Date of death		Month		Day		Age		Years		Months		Days	
1906		4		25		17				2		26	
Sex		Male		Color or Race		White		Birth-place		Rocky Ridge		Md.	
Occupation		Worked in Woolen Mill		Where Residing if not at place of death									
Married, Single or Widowed		Single		Name of Wife or Husband									
Father's Name		Martin L Miller		Fether's Birthplace		Rocky Ridge							
Mother's Maiden Name		Elizabeth Lisselberger		Mother's Birthplace		Baltimore							
Name of person giving information		Wm J Koon		How related to deceased		Bro-in-law							

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary		Pulmonary Tuberculosis		How long		10 months	
Immediate		Inanition		How long			
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Thos. C Bussey Md.	
				Address		Penas Md.	
Accident or Suicide?							

Joseph B Cook  
1003 W Baltimore St  
taken 1323. Homewood Ave

Name in Full		Mary Catherine Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Beltsville</u>		County <u>Baltimore</u>		MARYLAND	
		Date of death 190 <u>6</u>	Month <u>Apr.</u>	Day <u>22</u>	Age <u>—</u>	Months <u>10</u>	Days <u>—</u>
		Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Albany</u>		
		Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
		Name of Wife or Husband <u>—</u>					
		Father's Name <u>John Miller</u>			Father's Birthplace <u>Balt. Co</u>		
Mother's Maiden Name <u>—</u>			Mother's Birthplace <u>Balt. Co</u>				
Name of parson giving information <u>mother</u>			How related to deceased <u>—</u>				
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary <u>Whooping Cough followed by Pneumonia</u>			How long <u>Several weeks</u>		
		Immediate <u>Convulsion</u>			How long <u>2 hours</u>		
		Are the name, age, sex, color, date and place correctly given above?			Signature of Physician <u>Luigard H. Whiteford</u>		
		To best of my knowledge and belief <u>—</u>			Address <u>Fullerton, Md.</u>		
		Accident or Suicide? <u>—</u>					

Geo W. Crannum  
undertaker

Ent St Joseph

Cent Beloit Road

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Upper Falls</i>		Town <i>Upper Falls</i>		County <i>Bel Air</i>		State <i>MARYLAND</i>	
Date of death <i>1906</i>	Month <i>4</i>	Day <i>11</i>	Age	Years	Months <i>11</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Upper Falls</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>Herman Miller</i>			Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Annie Pulsford</i>			Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Herman Miller</i>			How related to deceased <i>Father</i>				

## CAUSES OF DEATH

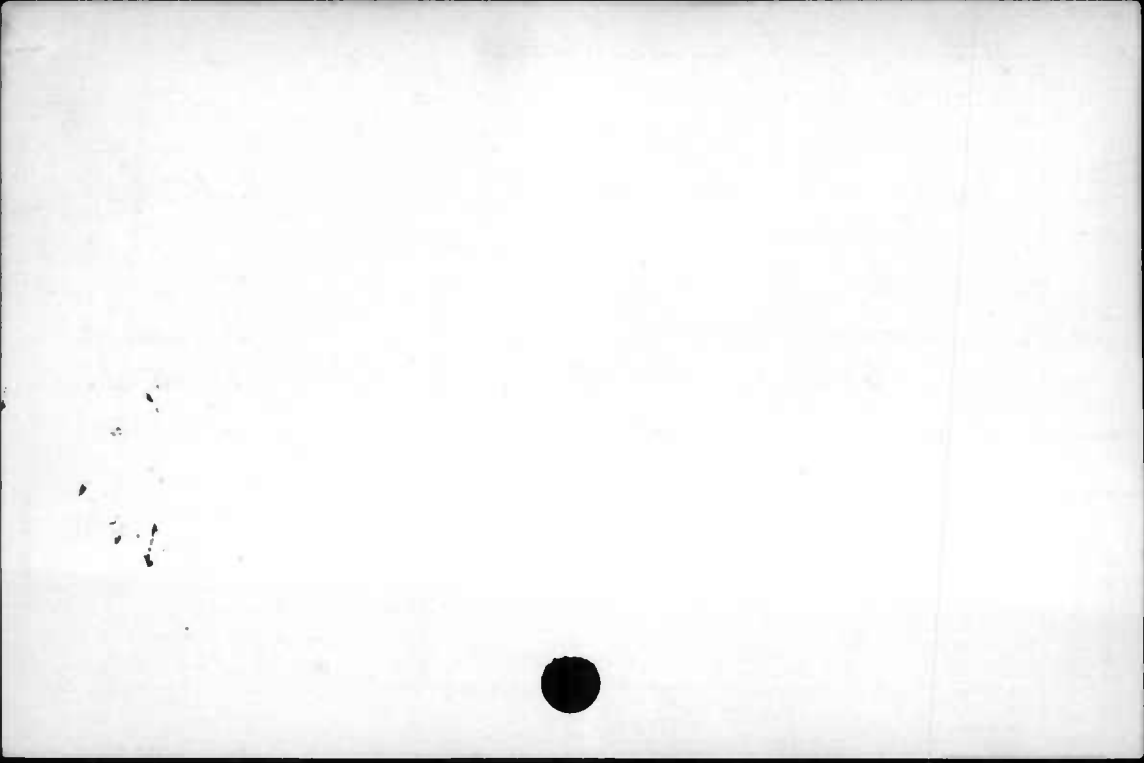
PHYSICIAN  
OR CORONER

Primary <i>Cap. Bronchitis</i>	How long <i>Four weeks</i>
Immediate <i>Infectious product of high temperature</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. M. Dyer</i>
	Address <i>Farmington</i>
Accident or Suicide? <i>No</i>	<i>Ind.</i>

Interment St. Stephens  
Upper Falls Md



Name in Full		Auna Marie Mallie				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sparrow's Point</i>		Town <i>Balto.</i>		County		MARYLAND	
	Date of death <i>1906</i>		Month <i>4</i>		Day <i>5</i>		Age <i>—</i>	
	Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>8</i>	
	Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Austria</i>		Mother's Birthplace <i>Austria</i>	
	Father's Name <i>Paul Mallie</i>		Mother's Maiden Name <i>Katie Hoosa</i>		Name of person giving information <i>Paul Mallie</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary <i>Bronch Pneumonia</i>		(97)		How long <i>5 days</i>		Immediate <i>Exhaustion</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>G. E. Mc Cormick MD</i>		Address <i>Sparrow's Point, Md</i>		How long <i>1 day</i>	
	Accident or Suicide?							



Name  
in  
Full

Charles Edward Moore

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Reisterstown</i> <sup>Town</sup>		<i>Balto</i> <sup>County</sup>		MARYLAND		
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>27</i>	Years <i>20</i>	Months <i>8</i>	Days <i>23</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Balto Co</i>			
Occupation <i>Laborer</i>			Where Residing If not at place of death -			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband				
Father's Name <i>Robert - Moore</i>			Father's Birthplace <i>Virginia</i>			
Mother's Maiden Name <i>Catherine Shorter</i>			Mother's Birthplace <i>Balto Co</i>			
Name of person giving information <i>Robert - Moore</i>			How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr.</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. Slade</i>
	Address <i>Reisterstown Md</i>
Accident or Suicide?	



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Alma Myers

Town

Died at

Grays

County

Baltimore

MARYLAND

Date

of death

1904

Month

April

Day

13

Years

Age 76

Months

—

Days

—

Sex

female

Color or  
Race

white

Birth-  
place

Baltimore County

Occupation

housekeeper

Where Residing if not  
at place of death

Grays Balt Co

Married, Single  
or Widowed

married

Name of Wife or  
Husband

J &amp; Myers

Father's  
Name

Resen Levey

Father's  
Birthplace

Balt Co

Mother's  
Maiden Name

Marion Fenton

Mother's  
Birthplace

Baltimore

Name of person giving  
information

J &amp; Myers

How related  
to deceased

husband

## CAUSES OF DEATH

Primary

Disrupts

How long

(50)

Immediate

Arteriosclerosis

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. M. B. Rogers and  
White City, Md

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> <i>Wt Washington</i> <sup>County</sup> <i>Balt Co.</i>			
Date of death	<sup>Month</sup> <i>Apr</i> <sup>Day</sup> <i>30</i> <sup>Years</sup> <i>about 70</i> <sup>Months</sup> <i>Years</i>	<sup>Days</sup>	
Sex <i>Female</i>	Color or Race <i>White</i>	Birth place <i>Balt Co</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>Wt Washington</i>		
Married, Single or Widowed <i>Widow</i>	Name of <del>Wife</del> or Husband <i>Samuel Doonan</i>		
Father's Name <i>Not Known</i>	Father's Birthplace		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace		
Name of person giving information <i>Chas. Smith</i>	How related to deceased <i>Son in Law</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Mitral Stenosis</i>	How long <i>2 yr</i>
Immediate <i>Heart Failure</i>	How long <i>15 minutes</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. Beeton</i>
	Address <i>Wt Washington</i>
Accident or Suicide?	

St Mary Cemetery

St Marys Hall

3539 Falls Road

May 2-06



Name  
in  
Full

Margaret O'Brien

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *O'Briens* Town *Shore* County *Balto* MARYLAND

Date of death *1906* Month *4* Day *13* Age *71* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Ireland*

Occupation *none* Where Residing if not at place of death *Potomac, Westport.*

Married, Single or Widowed *Widow* Name of Wife or Husband *Patrick O'Brien*

Father's Name *do not know* Father's Birthplace *Ireland*

Mother's Maiden Name *do not know* Mother's Birthplace *Ireland*

Name of person giving information *John J. Fahy* How related to deceased *none*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Valvular Heart disease* How long *3 years*

Immediate *Dyspnea* How long *4 1/2 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *T. B. Hall*

Address *Wt. Minors*

Accident or Suicide?

Dr. Rulal

New Cathedral  
Martin Farga

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Name *Orndorff, Frank*

Died at *Leatsville* <sup>Town</sup> *Bueth* <sup>County</sup>

Date of death *1906 April 25* <sup>Month</sup> <sup>Day</sup> <sup>Year</sup> Age *34* <sup>Months</sup> <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Penna*

Occupation *None* Where Residing if not at place of death ☒

Married, Single or Widowed *Single* Name of Wife or Husband ☒

Father's Name *Pinus Orndorff* Father's Birthplace *Penna*

Mother's Maiden Name ☒ *(19)* Mother's Birthplace ☒

Name of person giving information ☒ *(19)* How related to deceased ☒

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Epileptic Insanity* How long *15 yrs.*

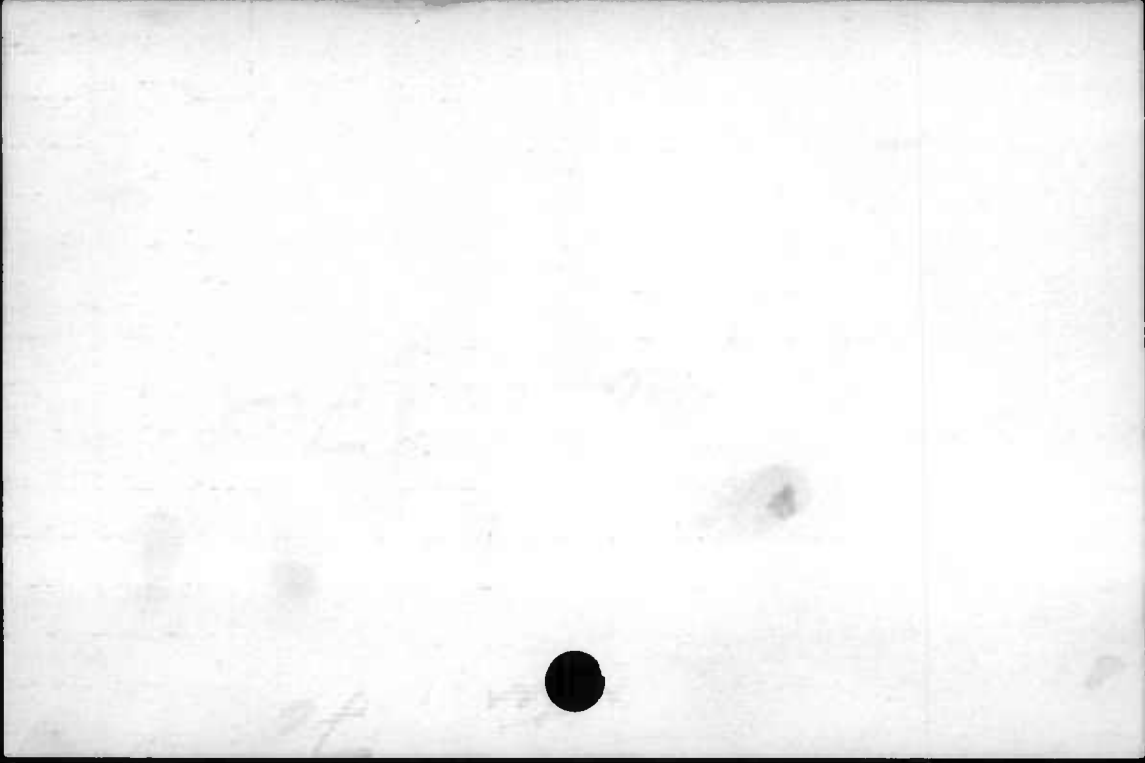
Immediate *Status Epilepticus* How long *1/2 hour.*

Are the name, age, sex, color, date and place correctly given above? *Yes*

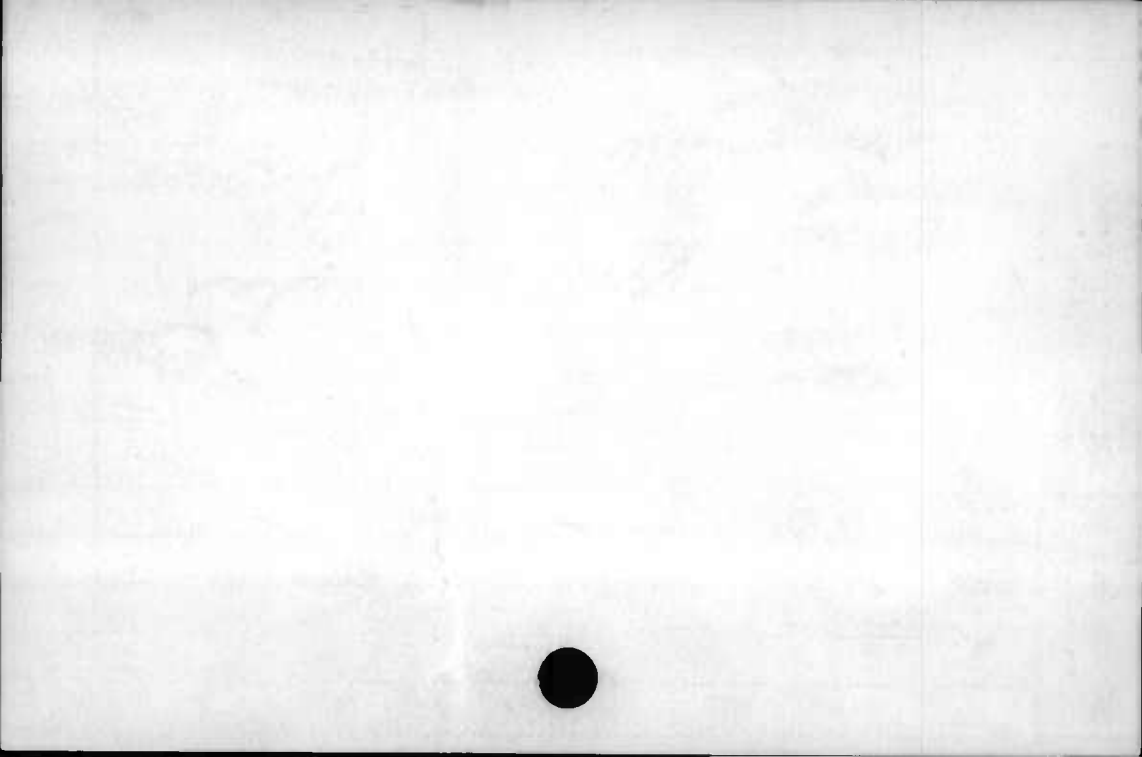
Signature of Physician *Orrey Wade*

Address *Leatsville, Mo*

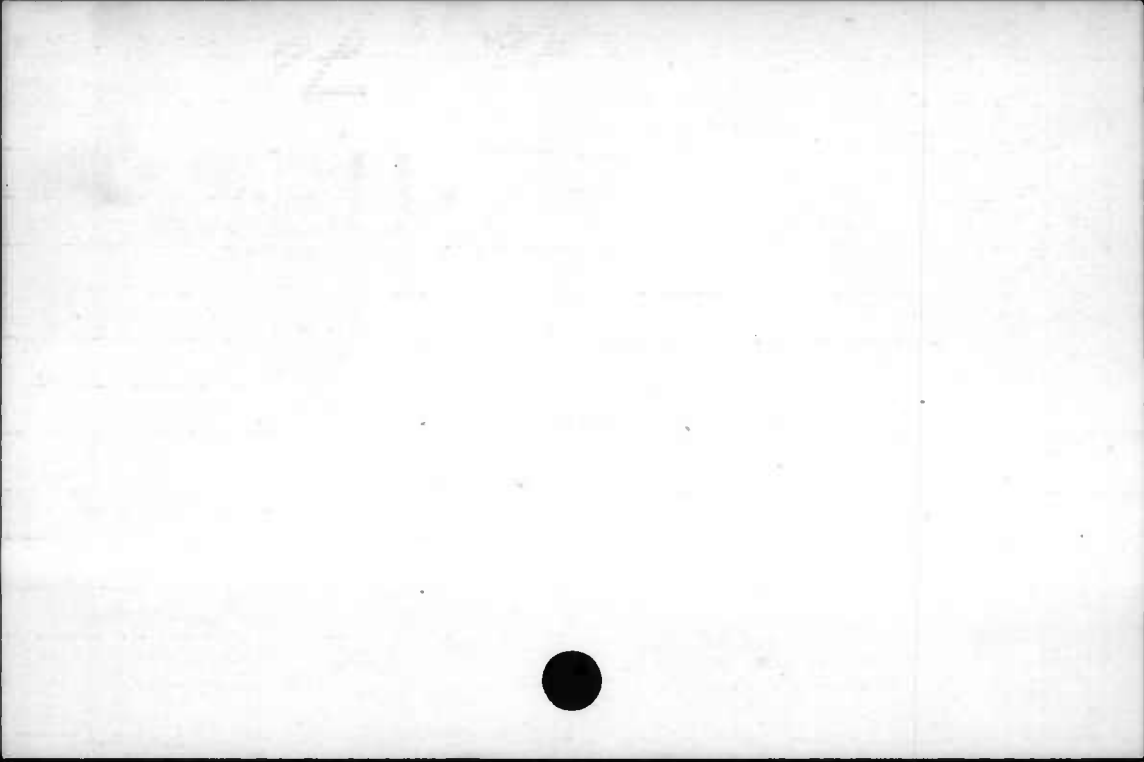
Accident or Suicide? *No*



Name in Full		Charles Wesley Owens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Baltimore		MARYLAND	
		Date of death 1906		Month	Day	Age	Years
		6		11	16	73	Months
		18		Color or Race		Birth-place	
		Male		White		Maryland.	
		Married, Single or Widowed		Married		Occupation	
				Merchant			
		Name of Wife or Husband		Henry Franklin Deane			
		Father's Name		Henry Owens		Father's Birthplace	
						Maryland.	
		Mother's Maiden Name		Eleanor Welch		Mother's Birthplace	
						Maryland.	
		Name of person giving information		Henry C. W. Perkins		How related to deceased	
						Daughter	
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary		General Debility		How long	
						about 15 years.	
		Immediate		General Debility		How long	
						3 weeks.	
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
						H. F. Hadesky	
		Place of Burial		West River		Address	
						St. E. City	
		Accident or Suicide?					



Name in Full		Town		County		CERTIFICATE OF DEATH	
Mary Buford		Parkston		Still Born		MARYLAND	
Died at		Date of death		Age		Months Days	
1906		April 26		0		6 0	
Sex		Color or Race		Birth-place			
Female		Colored		Parkston Md.			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Abram G. Buford S.		Md.					
Mother's Maiden Name		Mother's Birthplace					
Rosa A. Gray		Md.					
Name of person giving information		How related to deceased					
Abram G. Buford		Father					
CAUSES OF DEATH							
Primary		How long					
Still Born S.							
Immediate		How long					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address			
yes.		E. W. Heyder, M.D.		Parkston Md.			
Accident or Suicide?							





Name  
in  
FullHenry Quantmeyer Sr.  
Highlandtown

CERTIFICATE OF DEATH

Died at

Balto. County

MARYLAND

Date

of death 1906

Month

4

Day

12

Age

Years

74

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Germany

Occupation

Painter

Where Residing if  
at place of death

252 Mt. Pleasant Av.

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

Rosina F. Quantmeyer

Father's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
in formation

Rosina F. Quantmeyer

How related  
to deceased

Wife

## CAUSES OF DEATH

Primary

Chronic Bright's Disease

How long

3 yrs.

Immediate

Dropsey &amp; Exhaustion

How long

36 hours.

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Jas. L. Quaxman  
3 And Bough

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

J. Herwig & Son

Mount Carmel Cemetery

4 / 15 / 06

Name  
in  
Full

Robert Reitzel

## CERTIFICATE OF DEATH

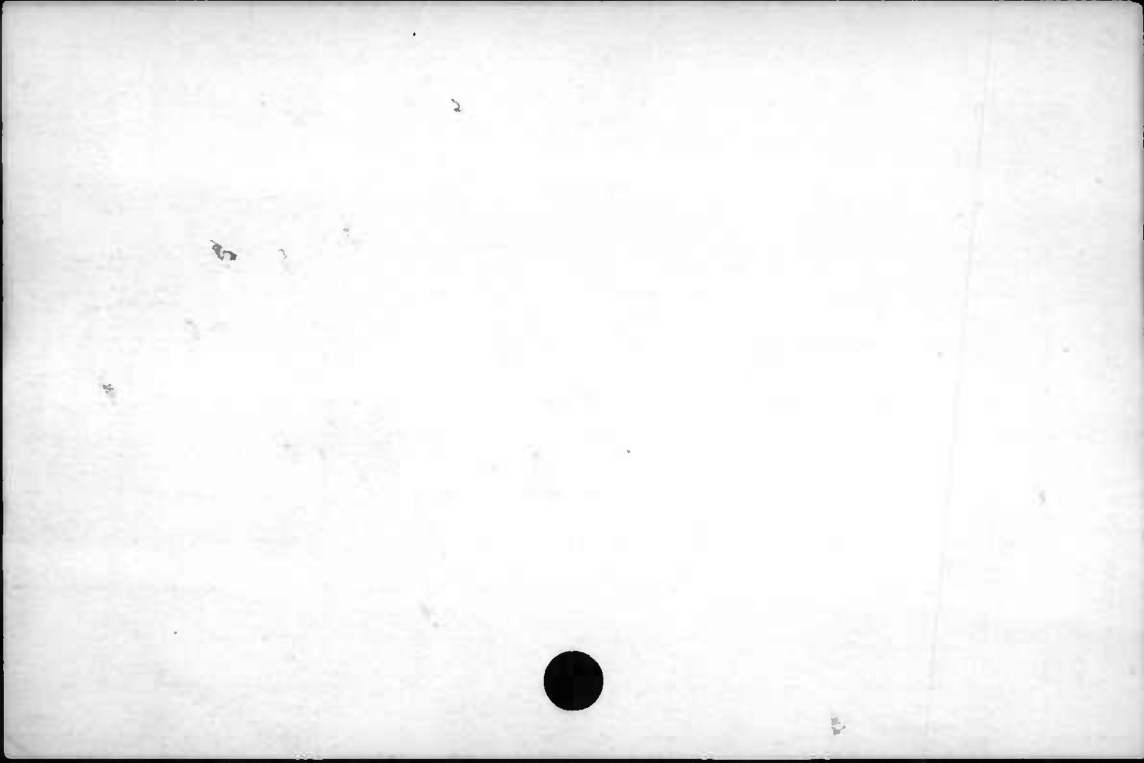
TO BE ANSWERED BY  
NEAREST FRIEND

Died <i>near Alberton</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1906	Month	<i>April</i>	Day	19	Years	Age 40(?)
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	?
Occupation	<i>Laborer</i>			Where Residing if not at place of death			
Married, Single or Widowed	?		Name of Wife or Husband	?			
Father's Name	?			Father's Birthplace	?		
Mother's Maiden Name	?			Mother's Birthplace	?		
Name of person giving information	<i>Samuel Whittaker</i>				How related to deceased	<i>_____</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Explosion of Dynamite</i>	How long	<i>(166)</i>
Immediate	<i>Blown to pieces</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>W. B. Gambrell</i>
		Address	<i>Alberton, Md.</i>
Accident	<i>Swindle?</i>		



Name in Full		Phillips H. Reus				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Catonsville		County		BALTIMORE		
	Date of death 190	6	Month	April	Day	27	Age	
					Years	29	Months	
					Days			
	Sex	male		Color or Race	white		Birth-place	
					Baltimore			
	Married, Single or Widowed	Single		Occupation	liquor business			
Name of Wife or Husband	Single							
Father's Name	John F. Reus					Father's Birthplace	Germany	
Mother's Maiden Name	Dora L. Kroeger					Mother's Birthplace	Germany	
Name of person giving information	George Reus					How related to deceased	Brother	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Stomach poisoning					How long	175 April 20/1906
	Immediate	Cerebral meningitis					How long	For 4 days
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	W. Rushmer White M.D.
							Address	Catonsville
	Accident or Suicide?							med

Geo J Smith  
1000 N Fargate  
Wesley Cemetery

Name in Full <b>John Revell.</b>		CERTIFICATE OF DEATH	
Died at Town <b>Govanstown</b>		County <b>Baltimore</b>	
Date of death 1906 April 20		Age 24	
Sex Male		Color or Race white	
Occupation Steel Engraver		Where Residing if not at place of death Govanstown	
Married, Single Single		Name of Wife or Husband —	
Father's Name David Revell		Father's Birthplace Fairmount Md.	
Mother's Maiden Name Laura Harrison		Mother's Birthplace Balto city	
Name of person giving information Andrew J Harrison		How related to deceased uncle.	
CAUSES OF DEATH			
Primary Pulmonary Tuberculosis		How long 5 years.	
Immediate Anemia		How long 3 months	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician H. C. Hess, M.D.	
Address Sta. 24 (Govan) Balto, Md.			
Accident or Suicide? Neither.			

Henry Lutz  
Indertaker

London Park



Name  
in  
Full

Emma Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> North Point <sup>County</sup> Baltimore

MARYLAND

Date of death 1906 April 20 Age 70 Months 12 Days 14

Sex Female Color or Race white Birth-place North Point Balt. Co.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Charles H. Rice Father's Birthplace Indiana

Mother's Maiden Name Lillie C. Hahn Mother's Birthplace Portsmouth Virginia

Name of person giving information Jacob Hahn How related to deceased Uncle

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diarrhea, Acute How long 4 days

Immediate \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above?

y40

Signature of Physician

Address

C. F. Moore  
1446 1st St. S.W. Wash D.C.  
F. H. Howard M.D.

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> *Leathersville* <sup>County</sup> *Baltimore*  
 Date of death *1906* <sup>Month</sup> *April* <sup>Day</sup> *20* <sup>Years</sup> *61* <sup>Months</sup>  <sup>Days</sup>   
 Sex *Male* Color or Race *White* Birth-place *Anna*  
 Occupation *Printer* Where Residing if not at place of death ☒  
 Married, Single or Widowed *Married* Name of Wife or Husband *X*  
 Father's Name *X* Father's Birthplace *X*  
 Mother's Maiden Name *X* Mother's Birthplace *X*  
 Name of person giving information *X* How related to deceased *X*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Dementia* How long *20 yrs.*  
 Immediate *Chronic Interstitial Nephritis* How long *6 mos.*  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Percy Wade*  
 Address *Leathersville, Md*  
 Accident or Suicide? *No.*

211

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Irak A Rockwell</i>		Town <i>Balto.</i>		County <i>County</i>		MARYLAND	
Died at <i>211 Maryland Ave</i>		<i>Wheatport.</i>		<i>Balto.</i>		<i>County</i>	
Date of death	1906	Month	<i>April</i>	Day	<i>5th</i>	Years	<i>58</i>
Sex	<i>female</i>	Color or Race	<i>white</i>	Months	<i>8</i>	Days	<i>11</i>
Occupation	<i>Housekeeper</i>			Birth-place	<i>Maryland</i>		
Where Residing if not at place of death		<i>211 Maryland Ave</i>					
Married, Single or Widowed	<i>married</i>	Name of Wife or Husband		<i>John W. Rockwell.</i>			
Father's Name	<i>James O'Conner</i>			Father's Birthplace	<i>Ireland.</i>		
Mother's Maiden Name	<i>Sarah Melvin</i>			Mother's Birthplace	<i>Ireland.</i>		
Name of person giving information	<i>Edith A. Denney</i>			How related to deceased	<i>daughter</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Haemorrhage of Lungs.</i>	How long	<i>2 days.</i>
Immediate	<i>due to Pul. Tuberculosis.</i>	How long	<i>10 yrs.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Herbert C. Blake M.D.</i>
		Address	<i>1014 W. La Fayette Ave</i>
Accident or Suicide?			

Seyfer  
Mr. Oliver

Name  
in  
Full

*Per. Alphonsus Rossiter*

CERTIFICATE OF DEATH

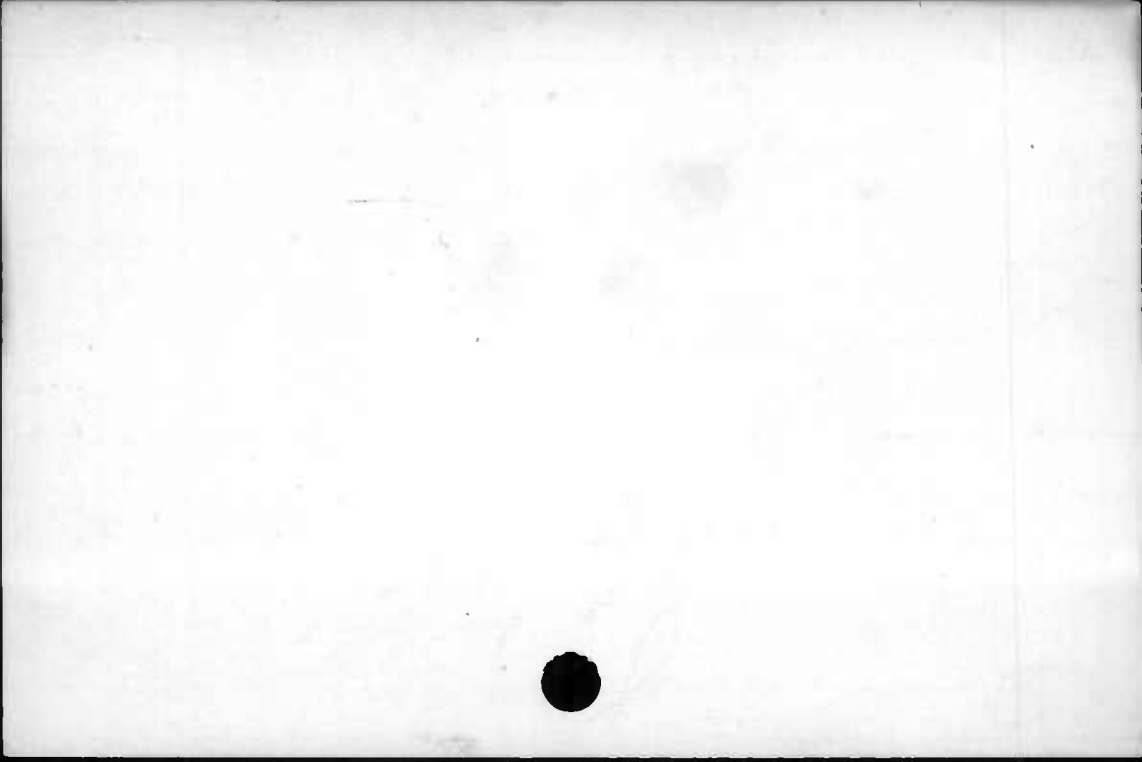
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St. Agnes Hosp.</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	1906	Month	4	Day	1	Age	59
Sex <i>Male</i>		Color or Race <i>White</i>		Birth place		Months	
Occupation <i>Driver</i>		Where Residing if not at place of death				Days	
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Father's Birthplace					
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		(179)		How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Complication of disease</i>	How long	-
Immediate		How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Frank Worsey M.D.</i>	
<i>Yes</i>		Address <i>St. Agnes Hospital</i>	
Accident or Suicide?			





Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Int. Washington</i>		County <i>Baltimore</i>		MARYLAND		
	Date of death <i>1906</i>	Month <i>April</i>	Day <i>26</i>	Age <i>60</i>	Years	Months	Days
	Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
	Occupation <i>Trimmer &amp; Labourer</i>			Where Residing if not at place of death			
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Bridget Ryan</i>					
	Father's Name <i>James</i>			Father's Birthplace <i>Ireland</i>			
	Mother's Maiden Name <i>Ellen Donohue</i>			Mother's Birthplace <i>Ireland</i>			
	Name of person giving information <i>Josephine Ryan</i>			How related to deceased <i>Daughter</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary <i>Carcinoma Liver</i>		<i>(40)</i>	How long <i>three months</i>			
	Immediate <i>Oedema of lungs</i>			How long <i>three days</i>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. Josiah S. Brown</i>				
			Address <i>Int. Washington, Ind.</i>				
	Accident or Suicide?						

*St Mary's Cemetery*  
*Go and Down*

MARTIN FAHEY & SONS,

Funeral Directors & Embalmers,

606 & 608 W. LaFayette Ave.

TELEPHONE 1993. —

Name  
in  
Full

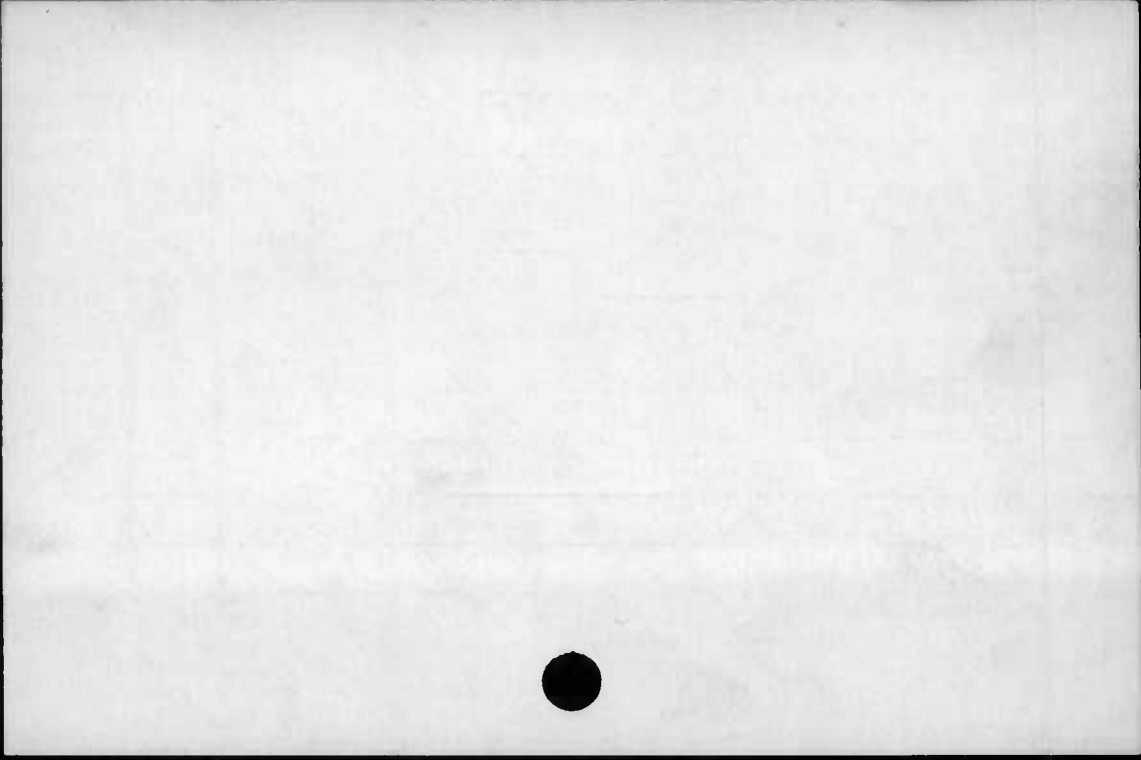
Waller Schaefer

## CERTIFICATE OF DEATH

Died at		3 Dillmore St. E. H. Coats		Baltimore		MARYLAND	
Date of death	1906	Month	4	Day	25	Age	19
Sex	Male		Color or Race	white		Birthplace	Balt
Occupation	Moulder			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name	Richard C. Schaefer					Father's Birthplace	Balt
Mother's Maiden Name	Florence Osbourn					Mother's Birthplace	Balt
Name of person giving information	Edward Schaefer					How related to deceased	Brother

## CAUSES OF DEATH

Primary	Typhoid fever	How long	5 weeks
Immediate	Meningitis cerebral	How long	one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		David W. Jones	
		Address	
		3116 O'Donnell St.	
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Margt Sciefert*  
Town *Gardenville*

County *Balti*

MARYLAND

Died at

Date

of death

*1906 Apr*

Month

Day

*22*

Age

Years

*74*

Months

Days

Sex

*Female*

Color or  
Race

*white*

Birth-  
place

*Germany*

Occupation

*farm work*

Where Residing if not  
at place of death

~~Married, Single  
or Widowed~~

Name of Wife or  
Husband

*Christian Sciefert*

Father's  
Name

*Hershan*

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

*(79)*

CAUSES OF DEATH

Primary

*Valvular disease heart*

How long

*2 yrs*

Immediate

*Dropy*

How long

Are the name, age, sex, color, date  
and place correctly given above?

*y Es*

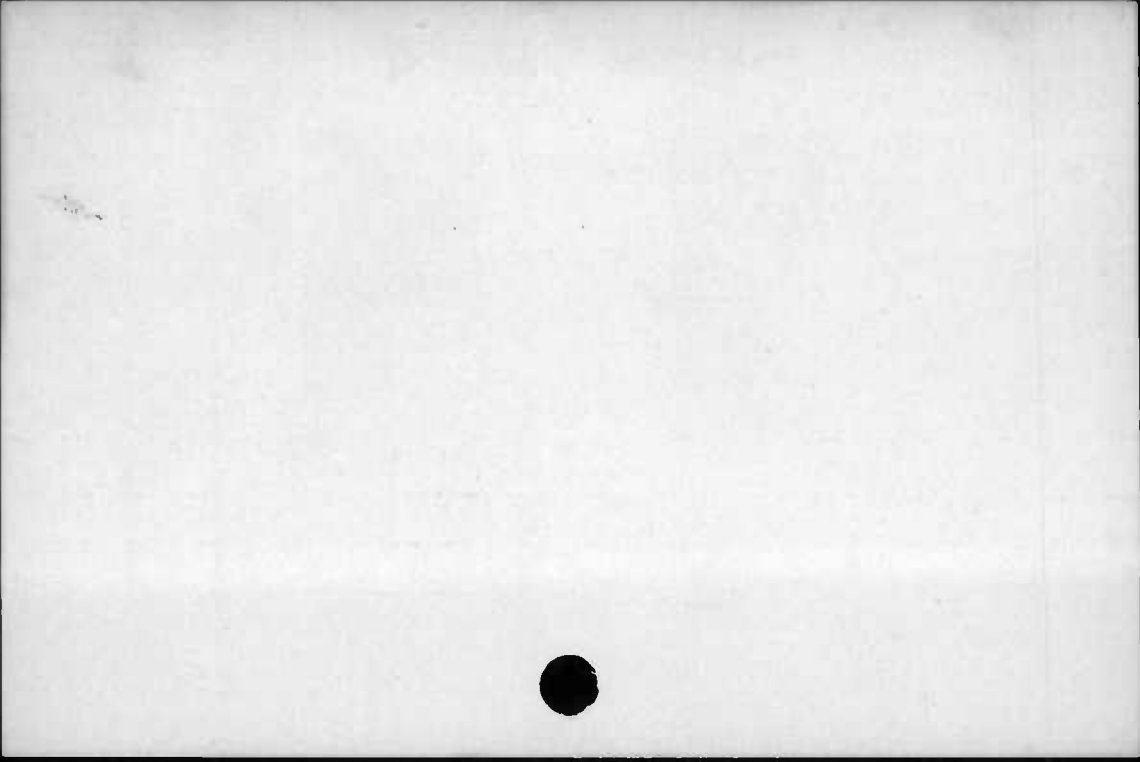
Signature of  
Physician

Address

*Wm D Corse  
Gardenville  
Md*

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Jacob Shover

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Reynolds</i>		County <i>Bucks</i>		MARYLAND	
Date of death	1906	Month	April	Day	20
		Age	79	Years	
Sex	Male	Color or Race	White	Birth-place	
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband			
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information	Elmer Shover				How related to deceased
Son					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 yr</i>
Immediate	<i>Heart Failure</i>	How long	<i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Joseph P. Beaman</i>
		Address	<i>Freeland Ind</i>
Accident or Suicide?			
<i>No physician in attendance</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Henry H. Sinclair

Town

Rooseville

County

Baltimore

MARYLAND

Date

of death

1906

Month

April

Day

26<sup>th</sup>

Years

Age 68

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Va

Occupation

R. Rodgent

Where Residing if not  
at place of death

Rooseville

Married,  
or Widowed~~Yes~~Name of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

accident

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

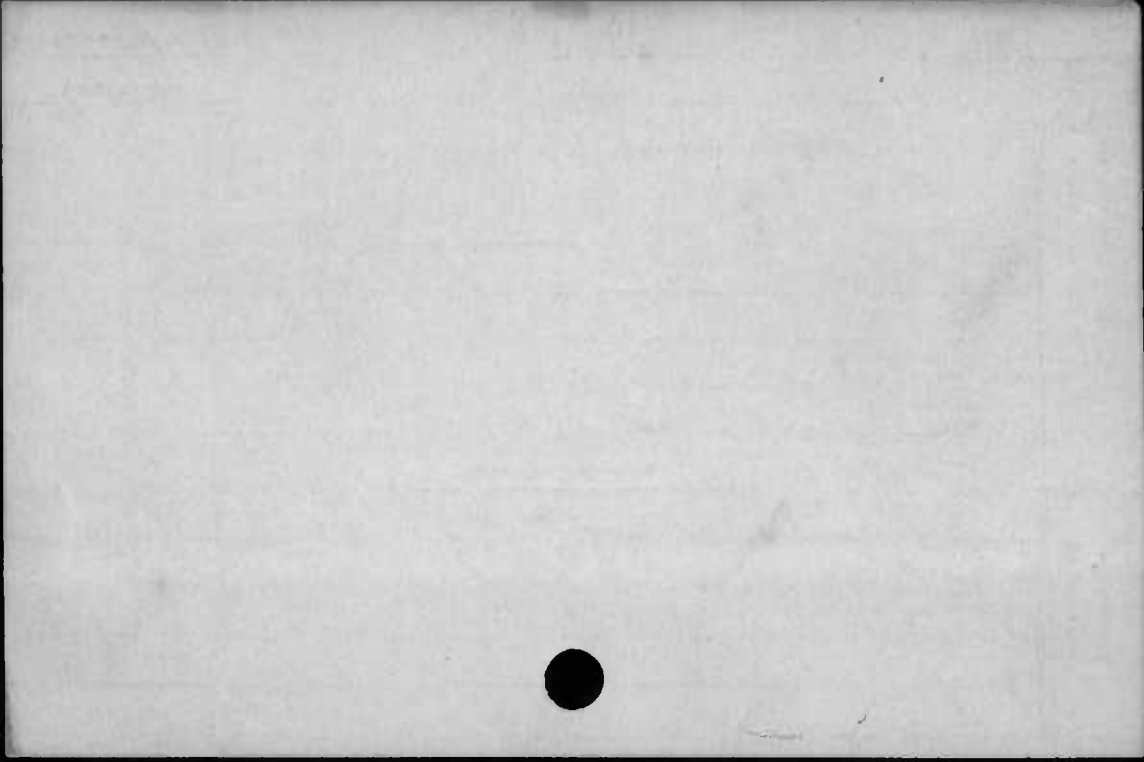
Yes

Signature of  
Physician

Address

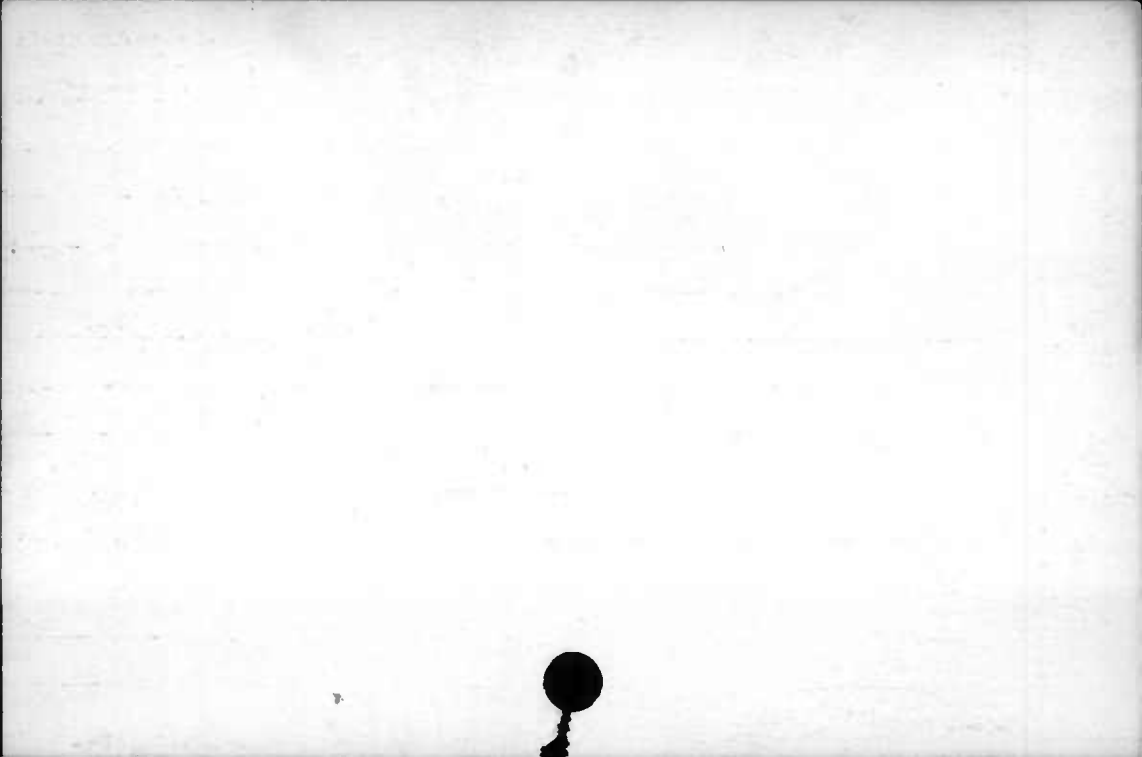
Geo. H. Langerfeldt, Cor.  
Rosedale M. D.

Accident or Suicide?



Name in Full		Margaret Smith				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND			
		Died at		Balto.					
		Date of death		Month	Day	Age	Years	Months	Days
		1906		April	1	84			
		Sex		Color or Race		Birth-place			
Female		White		Germany					
Occupation		House duties		Where Residing if not at place of death					
Married, Single or Widowed		Widow		Name of Wife or Husband		Joshua K. Smith			
Father's Name		Not known		Father's Birthplace					
Mother's Maiden Name		Not known		Mother's Birthplace					
Name of person giving information		Chas. R. Smith		How related to deceased		Son			

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Bronchitis	How long
	Immediate	Pulmonary Effusion	10 Days
	Are the name, age, sex, color, date and place correctly given above?		How long
	Yes		2 weeks
	Signature of Physician		Address
		J. H. Hargill	Edenwille
Accident or Suicide?			



**CERTIFICATE OF DEATH**

John Burns Sars  
Louson  
Scorin Cerr

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Lowes</i>		County <i>Baltimore</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>April</i>	Day <i>21</i>	Age <i>—</i>	Months <i>2</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Lowes</i>				
<input checked="" type="checkbox"/> Married, Single or Widowed	Name of Wife or Husband				
Father's Name <i>Wm. Henry Lohr</i>	Father's Birthplace <i>Md.</i>				
Mother's Maiden Name <i>Mary Hettchen</i>	Mother's Birthplace <i>Md.</i>				
Name of person giving information <i>Mary Lohr</i>	How related to deceased <i>Mother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Marasmus</i>	How long <i>2 Months</i>
Immediate <i>Cardiac Asthenia</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. Eustace Green M.D.</i>
	Address <i>Lowes Md.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	

John Helvig

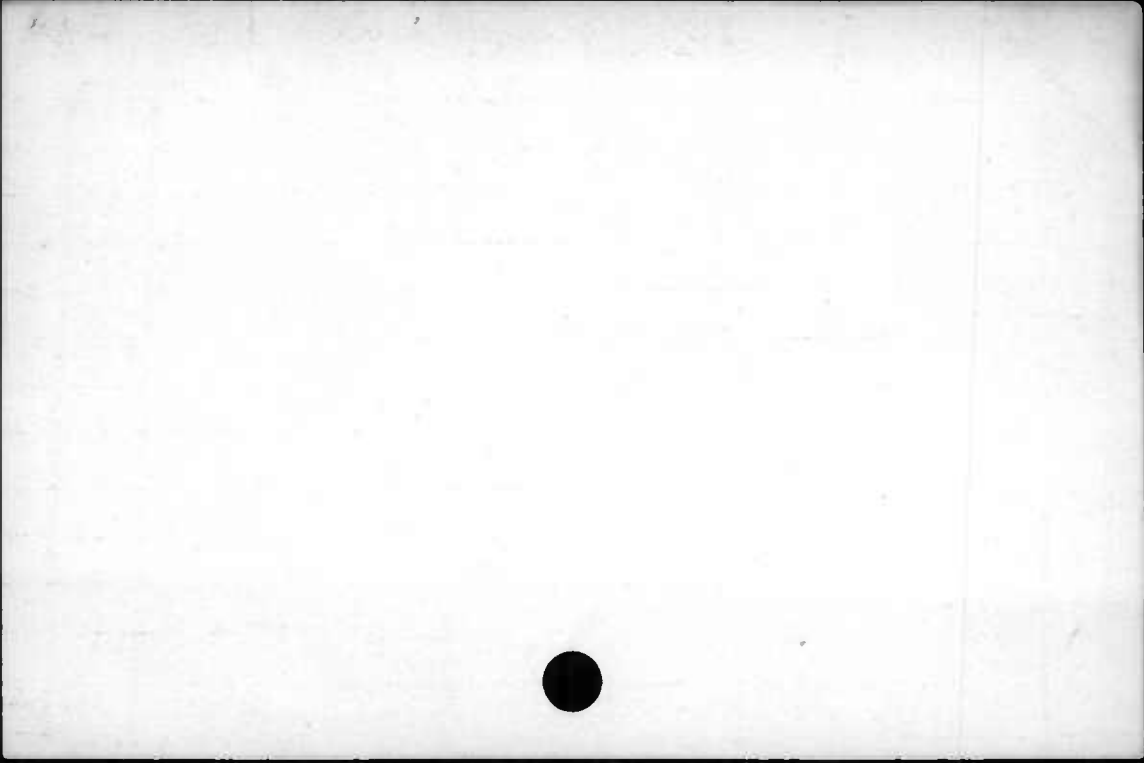
Orleans St City-

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Busied at Mt Carmel  
at Canton



Name in Full		Maria T. Sterling				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Shane		County		Baltimore
	Date of death		1906	Month	April	Day	16
	Age		69	Years	69	Months	1
	Sex		Female	Color or Race	White	Birth-place	Maryland
	Occupation						
	Where Residing if not at place of death						
	Married, Single or Widowed		Widow		Name of Wife or Husband		John Sterling
PHYSICIAN OR CORONER	Father's Name		Joshua Shipley		Father's Birthplace		Maryland
	Mother's Maiden Name		Catherine Doran		Mother's Birthplace		Maryland
	Name of person giving information		W. M. Sterling, M.D.		How related to deceased		Son.
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Pneumonia		How long		3 days
	Immediate		Pneumonia		How long		3 days
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. M. Heyde, M.D.
					Address		Parkton, Ark.
Accident or Suicide?		No					



Name  
in  
Full

Catherine Block

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> near Reisterstown			County			MARYLAND		
Date of death 1906	Month Apr.	Day 19	Age 64	Years	Months	Days		
Sex Female		Color or Race White		Birth- place Baltimore Co				
Married, Single or Widowed Single			Occupation House					
Name of Wife or Husband								
Father's Name John Block				Father's Birthplace Germany				
Mother's Maiden Name Elizabeth Groff				Mother's Birthplace Pa.				
Name of person giving In formation Vernie Block				How related to deceased Sister				

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Cancer of Stomach	How long	18 mos.
Immediate	Exhaustion	How long	None
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Jas	
		Address Reisterstown Md	
Accident or Suicide?			



18

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Highlandtown</i> <small>Town</small>		<i>Balto</i> <small>County</small>		MARYLAND			
Date of death	<i>190</i> <small>Month</small>	<i>April</i> <small>Day</small>	<i>2</i> <small>Age</small>	<i>80</i> <small>Years</small>	<i>11</i> <small>Months</small>	<i></i> <small>Days</small>	
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Germany</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death <i>406 Lombard St. Highlandtown</i>				
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband <i></i>				
Father's Name	<i>Bernhardt Strobel</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Christina Gommer</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Mary Strobel</i>				How related to deceased	<i>Daughter</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Chronic Brain Disease</i>	How long	<i>106</i> <i>Year.</i>
Immediate	<i>Exhaustion</i>	How long	<i>106</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>O. L. Long</i>	
		Address <i>2429 Fair Ave</i>	
Accident or Suicide?			

Christian Miller  
2334 Jefferson St

St Matthews Cemetery  
Butte County

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Carroll H. Taylor</i>		Town <i>Highlandtown</i>		County <i>Balto.</i>		MARYLAND	
Died at		Date of death		Age		Months Days	
		<i>1906 4 21</i>		<i>15</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto.</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>1009 - 3<sup>rd</sup> St.</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Wm H. Taylor</i>		Father's Birthplace <i>Balto</i>					
Mother's Maiden Name <i>Minnie C.</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Minnie C. Taylor</i>		How related to deceased <i>Mother</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Infantile Paralysis</i>	How long <i>8 yrs.</i>
Immediate <i>Epileptic Spasms.</i>	How long <i>2 hours.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>Geo. L. Quax, M.D.</i>
	Address <i>3 and 4ough, Highlandtown.</i>
Accident or Suicide? <i>NO</i>	

J Herwig & Son

Mt. Carmel Tenn

4/23/06



Name  
in  
Full

Thomas A Taylor

CERTIFICATE OF DEATH

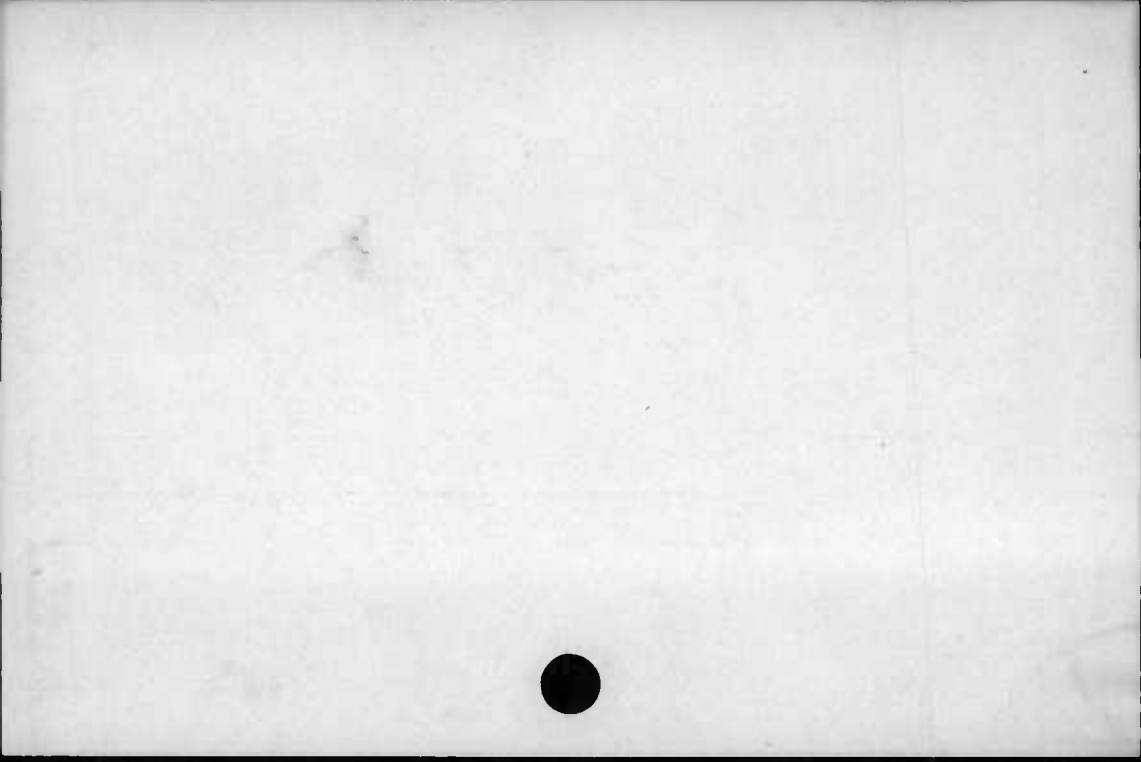
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Ten Mile house</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1906</u>	Month <u>April</u>	Day <u>4</u>	Age <u>2</u> <small>Years</small>	Months <u>—</u> Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Balto c m d</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Wm Taylor</u>			Father's Birthplace <u>Howard Co Md</u>		
Mother's Maiden Name <u>Saura Lockard</u>			Mother's Birthplace <u>Carroll c m d</u>		
Name of person giving information <u>Winfield Lockard</u>			How related to deceased <u>Uncle</u>		

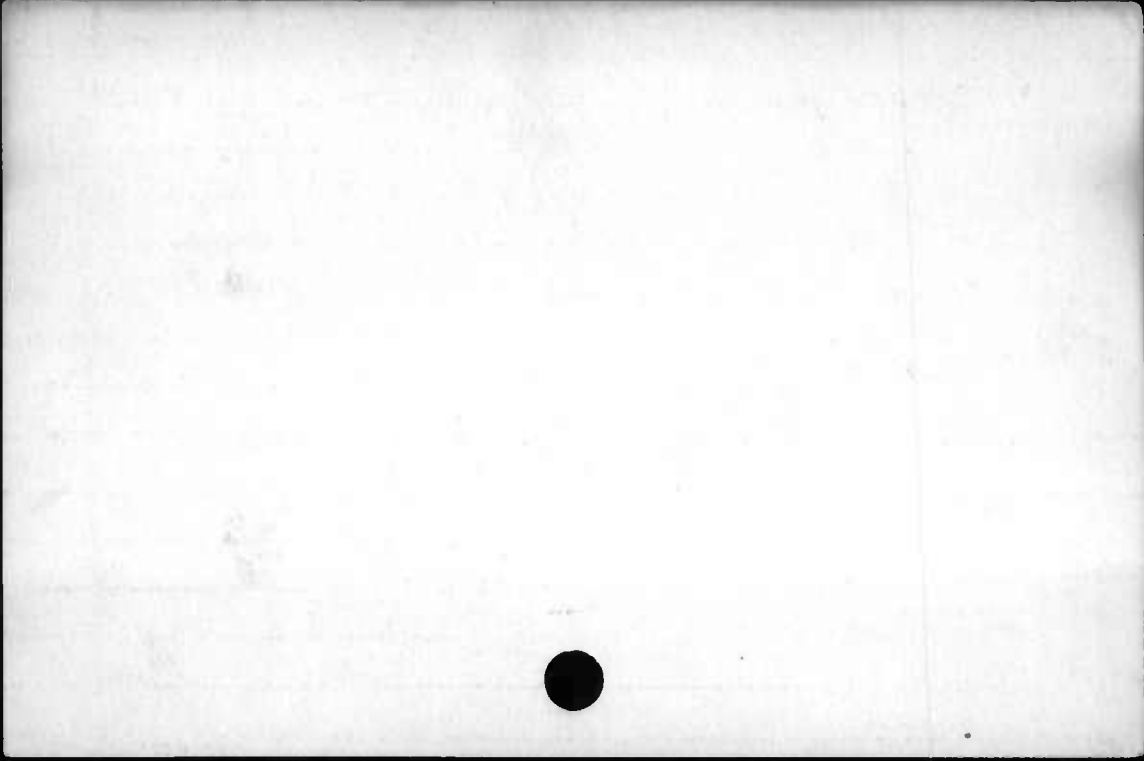
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Acute Toxar Chumonia</u>	How long	<u>(93) about 10 days</u>
Immediate	<u>"</u>	How long	<u>"</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>W E Mm</u>	
		Address <u>Pikesville Md</u>	
Accident or Suicide? <u>—</u>			



Name in Full		Belinda Thomas				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Rayville	County Baltimore		MARYLAND	
	Date of death 1906		Month April	Day 6	Years 21	Months 6	Days 5
	Sex		Female		Color or Race	Colored	
	Married, Single or Widowed		Single		Occupation Servant		
	Name of Wife or Husband						
	Father's Name				John Thomas		
	Mother's Maiden Name				Henrietta Bosley		
Name of person giving information		Wm. H. Watkins			How related to deceased Brother in law		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary				Pulmonary Consumption		
	Immediate				General Failure		
	How long				2 to 3 months		
	Are the name, age, sex, color, date and place correctly given above?				Yes		
	Signature of Physician				A. R. Mitchell		
				Address			
				Mount Airy, Md.			
Accident or Suicide?							



Name  
In  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

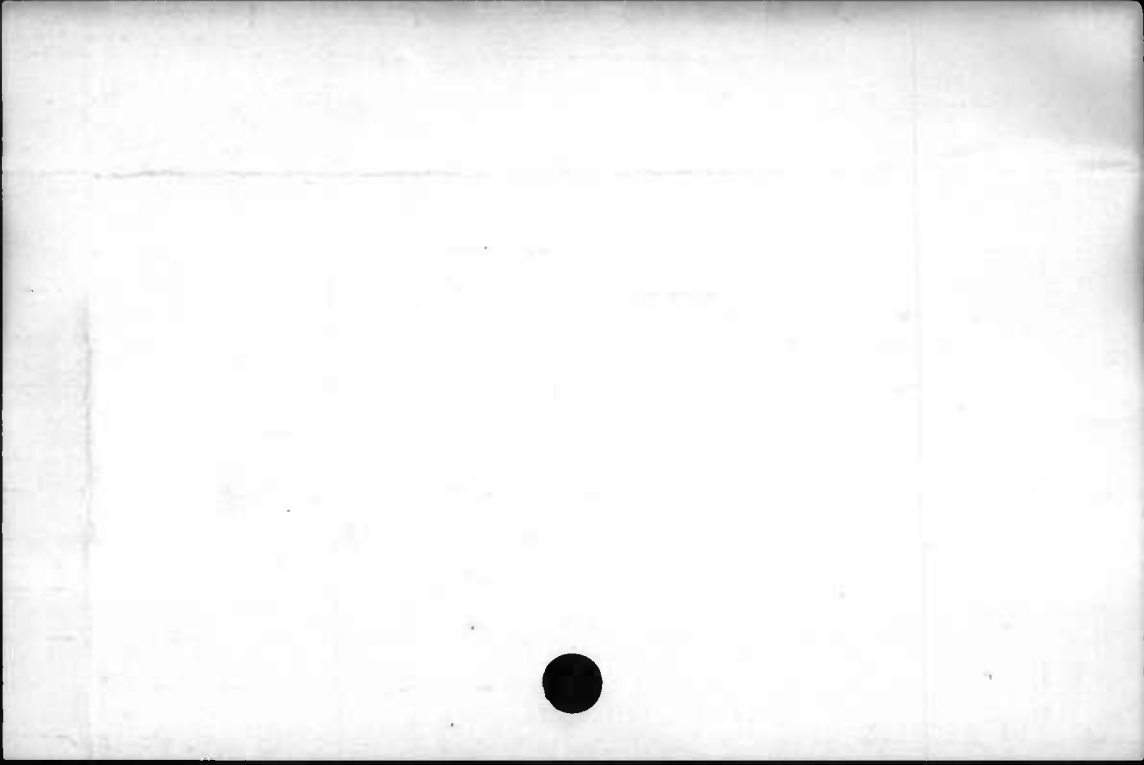
MARYLAND

Died at <i>New Market</i>		Town <i>Balto</i>		County	
Date of death <i>1906</i>	Month <i>Apr.</i>	Day <i>24</i>	Age <i>45</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto. Md.</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Frank Trout</i>			
Father's Name <i>Arthur Sampson</i>		Father's Birthplace <i>Balto. Md.</i>			
Mother's Maiden Name <i>Sally Ann Beatty</i>		Mother's Birthplace			
Name of person giving information <i>Frank Trout</i>		How related to deceased <i>Husband</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>General Tuberculosis</i>	How long <i>2 yrs.</i>
Immediate <i>Exhaustion</i>	How long <i>6 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. C. Seitz-M.D.</i>
	Address <i>Glen Rock Pa.</i>
Accident or Suicide? <i>no</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>W Washington</i>		County <i>Baltimore</i>		MARYLAND
	Date of death <i>1906</i>	Month <i>April</i>	Day <i>1</i>	Age <i>35</i>	Months <i>0</i> Days <i>24</i>
	Sex <i>Female</i>	Color or Race <i>colored. Black</i>		Birth-place <i>Ma</i>	
	Occupation <i>housewife</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>William F Turner</i>			
	Father's Name <i>William Morris</i>	Father's Birthplace <i>(?)</i>			
	Mother's Maiden Name <i>Mary Eniol</i>	Mother's Birthplace <i>(?)</i>			
	Name of person giving information <i>Wm F Turner</i>		How related to deceased <i>husband</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>	<i>(120)</i>		How long <i>3 to 4 years</i>	
	Immediate <i>Asthma</i>			How long <i>3 mos.</i>	
	Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>William F Todd</i>		Address <i>W Washington Ma</i>	
	Accident or Suicide?				

A. S. Man hall  
35 39 Fall Road  
Laurel Cemetery.  
Apr 4-06



Name  
in  
Full

Mary C. Tyler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at *Hulls ville* *Balt.* CountyDate of death 1906 *Apr.* Month *1st* Day *5-5* Years Months DaysSex *female* Color or Race *coloured* Birth-place *Baltimore*Occupation *House work* Where Residing if not at place of death~~Married, Single or Widowed~~ Name of Wife or Husband *Charles Tyler*

Father's Name Birthplace

Mother's Maiden Name Birthplace

Name of person giving information *Frank Tyler* How related to deceased *Son*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONERPrimary *Rheumatism & Ankylosis* How long *one month*Immediate *Paralysis* How long *3 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *P. V. Blaine*Address *not known*

Accident or Suicide?

Crossed  
M Auburn

Name  
in  
Full

Laura G. Wachter

## CERTIFICATE OF DEATH

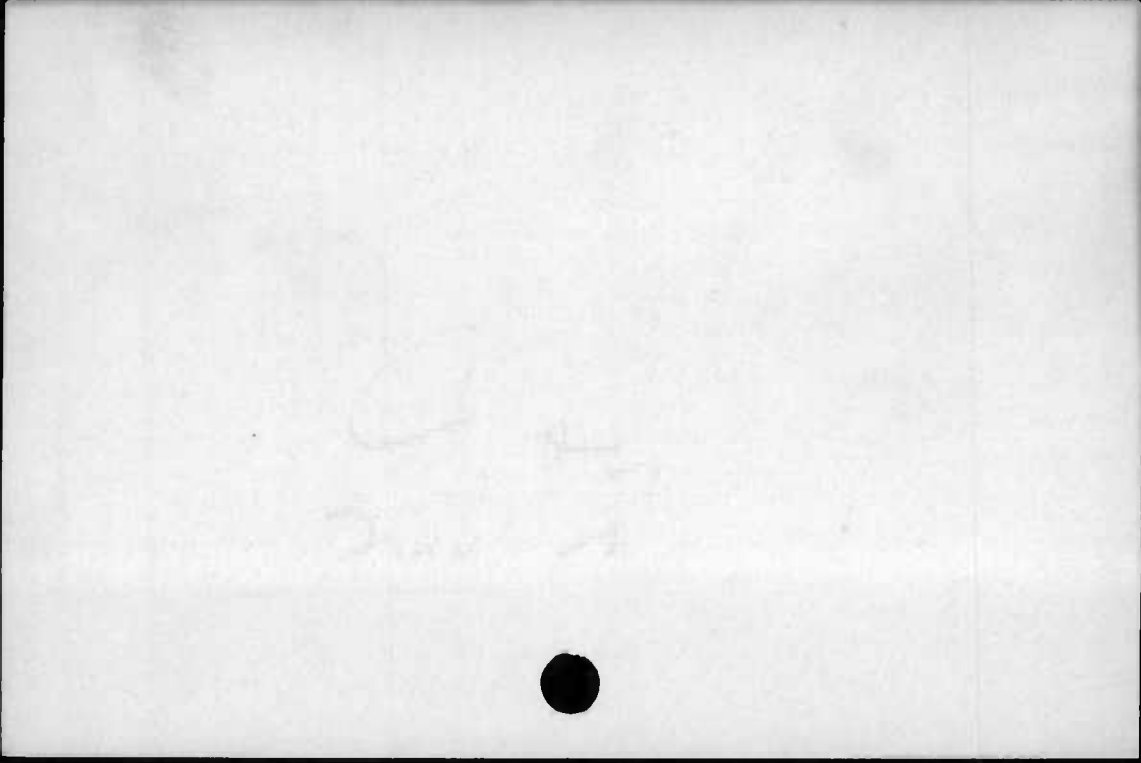
TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Mt Hope Retreat <sup>County</sup> BaltimoreDate of death 1906 <sup>Month</sup> April <sup>Day</sup> 10<sup>th</sup> <sup>Years</sup> 25 <sup>Months</sup> unknown <sup>Days</sup> unknownSex Female <sup>Color or Race</sup> White <sup>Birth-place</sup>Occupation None - <sup>Where Residing if not at place of death</sup> Emmittsburg Md.Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>Father's Name unknown - <sup>Father's Birthplace</sup> unknown -Mother's Maiden Name unknown <sup>Mother's Birthplace</sup> "Name of person giving information Recs of Mt Hope Retreat <sup>How related to deceased</sup> not at all -

## CAUSES OF DEATH

Primary Idiocy <sup>How long</sup> 25 yrsImmediate Rheumatism & Status Epilepticus <sup>How long</sup>Are the name, age, sex, color, date and place correctly given above? Yes <sup>Signature of Physician</sup> Frank J. Flannery M.D.<sup>Address</sup> Mt Hope Retreat  
Baltimore Co Md -  
Accident or Suicide?



Name  
in  
Full

CERTIFICATE OF DEATH

*Henry Wefer*

TO BE ANSWERED BY  
NEAREST FRIEND

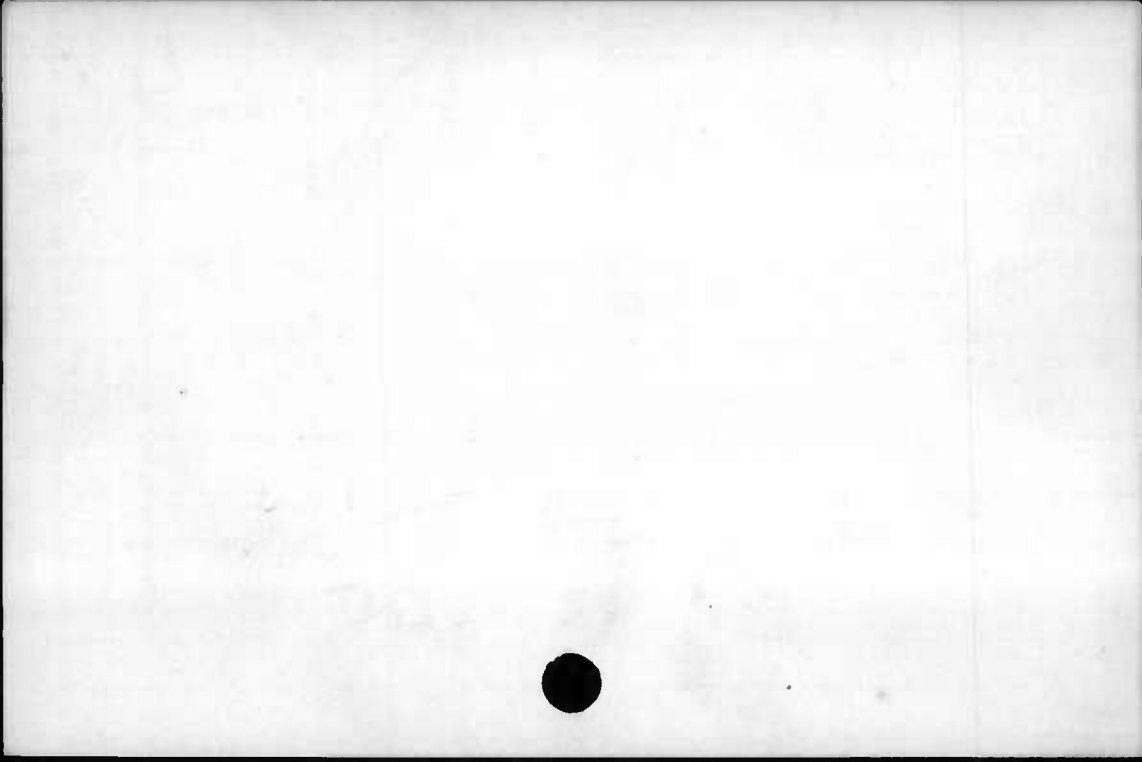
MARYLAND

Died at <i>St. Agnes Hospital</i>		County <i>Baltimore</i>			
Date of death	<i>1906</i>	Month <i>April</i>	Day <i>6th</i>	Age <i>32</i>	Years <i>32</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>—</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>—</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>—</i>				How related to deceased <i>—</i>	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>27</i>
Immediate <i>Exhaustion</i>	How long <i>27</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank W. Wray, M.D.</i>
<i>Yes</i>	Address <i>St. Agnes Hospital</i>
Accident or Suicide? <i>—</i>	



Name  
is  
Full

Henry Weimlich

## CERTIFICATE OF DEATH

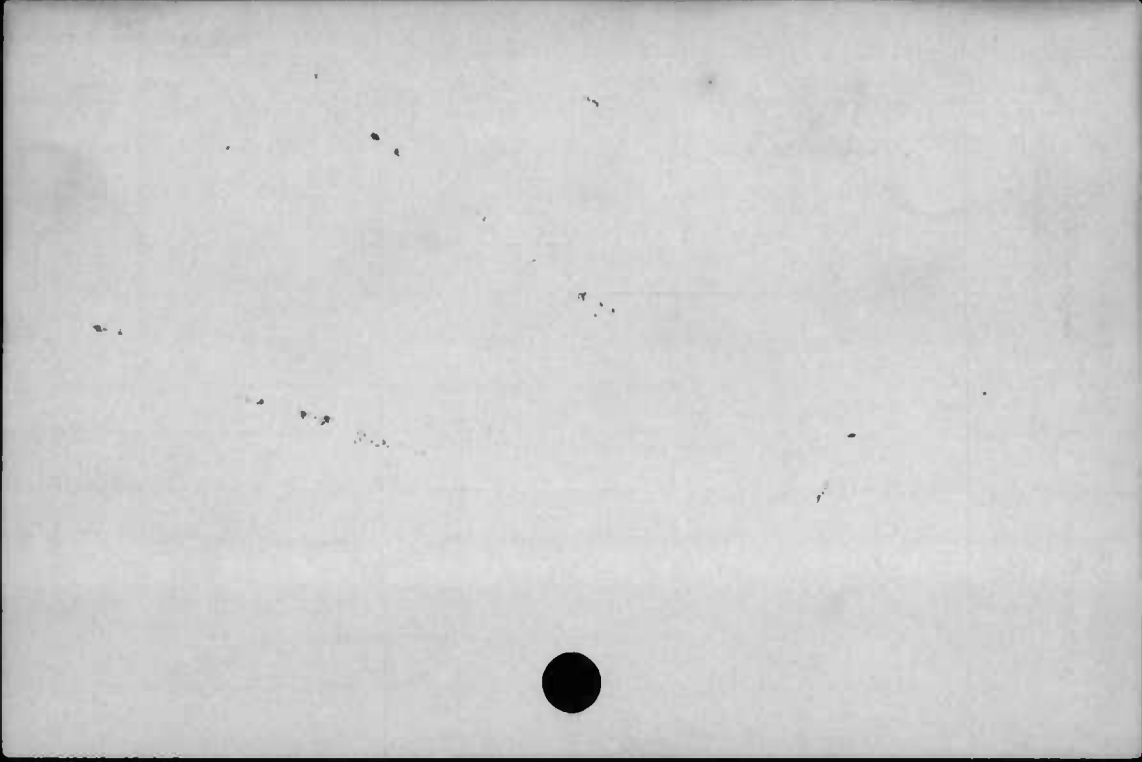
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Rossville		County Ball		MARYLAND	
Date of death		Month April		Day 18		Age 81	
Sex Male		Color or Race White		Birthplace Germany		Months —	
Occupation Farmer		Where Residing if not at place of death —		Years —		Days —	
Married, Single or Widowed —		Name of Wife or Husband —		Father's Birthplace —		Mother's Birthplace —	
Name of person giving information Henry Weimlich Jr		How related to deceased Son		—		—	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Supra-ventricular aneurysm	How long 1154
Immediate	—	How long —
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician G. V. Mace
—		Address Rossville
Accident or Suicide?		—





Name in Full		John Milton White				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Govanstown		County Balto., Co.		MARYLAND	
	Date of death	1906	Month April	Day 13.	Age 74	Months 0	Days 9
	Sex	Male		Color or Race	Colored.		Birth-place Virginia
	Occupation	General Laborer		Where Residing if not at place of death Govanstown Md.			
	Married, Single or Widowed	married		Name of Wife or Husband Betsey White			
	Father's Name	Solomon White				Father's Birthplace Virginia	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	Thos J white				How related to deceased son.	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary	Chronic Brights disease				How long Several years	
	Immediate	uraemia				How long 1 week.	
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				J B O'Beas Ind		
	Address				Sta 16 Govanstown Balto Ind		
Accident or Suicide?							

Philip B Pye  
Zion Cemetery

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

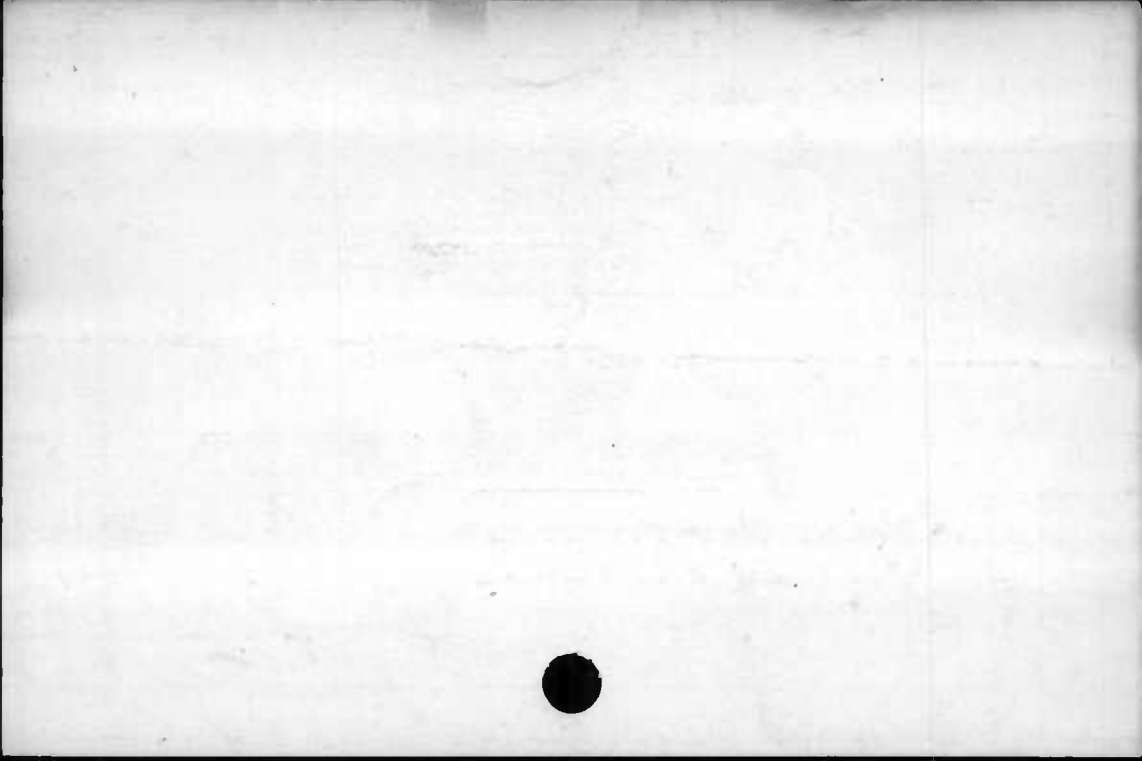
MARYLAND

Died at		Town <i>Rockyville</i>		County <i>Balto</i>			
Date of death		Month	Day	Years	Months	Days	
1906		4	25	65			
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Balto Co</i>
Occupation	<i>Plasterer</i>			Where Residing if not at place of death			<i>Rockyville</i>
Married, Single, or Widowed	<i>Married</i>			Name of Wife or Husband			<i>Eliza J Wirtz</i>
Father's Name	<i>Geo Wirtz</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>Catharine Sampson</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving information	<i>Lehas Wirtz</i>				How related to deceased	<i>Nephew</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Organic Heart disease - valvular</i>	How long	<i>Probably 2 years</i>
Immediate	<i>Congestion of lungs</i>	How long	<i>unknown</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. J. J. Hanson</i>
		Address	<i>Rockyville Md</i>
Accident or Suicide?			



Name  
in  
Full

Sarah F. Wittig.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> Hamilton <sup>County</sup> Balto.Date of death 1906 <sup>Month</sup> Apr <sup>Day</sup> 26 <sup>Years</sup> Age 62 <sup>Months</sup> <sup>Days</sup>Sex female <sup>Color or Race</sup> white <sup>Birth-place</sup> NorfolkOccupation <sup>Where Residing if not at place of death</sup> Hamilton Md<sup>Married, Single or Widowed</sup> Widowed <sup>Name of ~~Wife~~ Husband</sup> John H WittigFather's Name <sup>Father's Birthplace</sup>Mother's Maiden Name <sup>Mother's Birthplace</sup>Name of person giving information <sup>How related to deceased</sup> Wm J Uhler Son in Law

## CAUSES OF DEATH

Primary Lobar pneumonia (93) <sup>How long</sup> 48 hrsImmediate Cardiac Failure <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide? No

PHYSICIAN  
OR CORONER

Lorraine Cemetery

Apr. 29./906.

William Cook

Name  
in Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

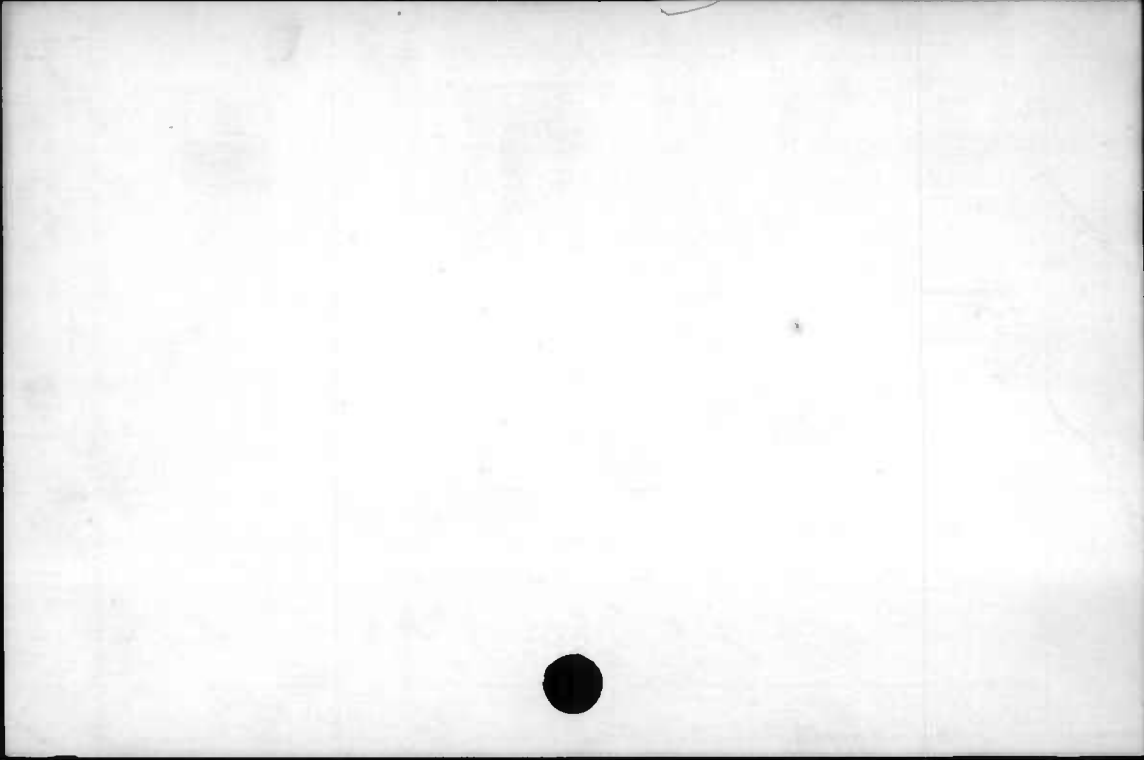
MARYLAND

Infant of George & Lola Wolf  
Died at Wilkens Ave Balt Co  
Date of death 1906 April 17 Age 0 Months 0 Days 1/2 hour  
Sex Male Color or Race White Birth-place Balt Co  
Occupation None Where Residing if not at place of death Wilkens Ave  
Married, Single or Widowed Single Name of Wife or Husband —  
Father's Name George Wolf Father's Birthplace Balt  
Mother's Maiden Name Lola Alinan Mother's Birthplace Balt  
Name of person giving information George Wolf How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Prematurity (151) How long —  
Immediate General Asthemia How long 1/2 hour  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician Howard W Jones  
Address Irvington  
Accident or Suicide? No





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <b>Joshua F. B. Worthington</b>		Town <b>Harrisonville</b>		County <b>Baltimore</b>		MARYLAND	
Died at		Month <b>April</b>		Day <b>21</b>		Years <b>65</b>	
Date of death		<b>1906</b>		Months <b>3</b>		Days <b>24</b>	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Harrisonville</b>			
Occupation <b>Gentleman</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Mary F. Worthington</b>					
Father's Name <b>John Worthington</b>		Father's Birthplace <b>Baltimore Co.</b>					
Mother's Maiden Name <b>Penelope Cockey</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Walter Wideman</b>		How related to deceased <b>Not related</b>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>Suicide</b>	How long <b>(163)</b>
Immediate <b>Hemorrhage of Brain</b>	How long <b>.</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>	Signature of Physician <b>Wm E. Felt Coronor</b>
	Address <b>Roslyn Balt Co Md</b>
Accident or Suicide? <b>Suicide</b>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Hecker</i> <sup>Town</sup>		<i>Batts.</i> County		MARYLAND	
Date of death	<i>190</i>	Month <i>Apr.</i>	Day <i>29</i>	Age <i>White</i>	Months <i>2</i> Days <i>14</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Hecker Ind.</i>		
Occupation _____			Where Residing if not at place of death _____		

Married, Single or Widowed _____	Name of Wife or Husband _____	
Father's Name <i>John Zimmerer</i>	Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Margaret Koerber</i>	Mother's Birthplace <i>Germany</i>	
Name of person giving Information <i>John Zimmerer</i> (9)	How related to deceased <i>Father</i>	

## CAUSES OF DEATH

Primary <i>Pneumonia following thoracic cough</i>	How long <i>Several weeks.</i>
Immediate <i>Exhaustion</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Lingard H. Whiteford</i>
<i>John Finny Knowledge</i>	Address <i>Fullerton, Md.</i>
Accident or Suicide? <i>X</i>	

